

THE AMERICAN JOURNAL OF NURSING

VOL. XI

JUNE, 1911

NO. 9

EDITORIAL COMMENT



MISS RICHARDS' REMINISCENCES

We have received, as we go to press, an unbound copy of the "Reminiscences of Linda Richards, America's First Trained Nurse," published by Whitcomb and Barrows of Boston, in which the author gives a very brief outline of her thirty-nine years of nursing work, a most valuable page of nursing history and an inspiring record of the far-reaching influence of one woman in the pioneer field of nursing.

Our only criticism of the book is its brevity, but as stated in the introduction, "Those who have known Miss Richards best will read between the lines." This book should be in every training school library and be widely read by nurses everywhere.

Those who were privileged to be her pupils or to work with her will recognize in these pages the enthusiasm and sense of humor which were so characteristic of her. She has fought the battle of the path breaker, and her work has been to lay solid foundations on which those of, perhaps, less courage have been able to build successfully and to reap the reward which was properly hers. The photographs that are given do her scant justice, especially that representing her before going to England. She had, as a younger woman, when we knew her best, fine color, beautiful hair and eyes, an erect and commanding carriage, and the whole effect was of a vigorous personality, but like so many others of animated features her photographs did not reproduce her spirit.

Miss Richards' influence has been felt in the training schools of the New England Hospital, first as a pupil, then as a teacher, at Bellevue and the Massachusetts General, as a visitor at St. Thomas' and King's

College Hospitals in London, and the Edinburgh Royal Infirmary,—in the Boston City Hospital, in organizing training school work in Japan, in the Philadelphia Visiting Nurse Society, in Kirkbride's Hospital for the Insane, the Methodist Episcopal, Philadelphia, Brooklyn Homoeopathic, Hartford, University of Pennsylvania, Taunton Insane, Worcester Hospital for the Insane, Kalamazoo Insane Asylum. With the great numbers of pupils she has trained her influence for progress has been like that of an endless chain and will continue so long as there are problems to solve and battles to fight in the interest of nursing progress.

COMMENT ON A LETTER FROM A PRIVATE NURSE

We publish in the letter department a communication from a private nurse who feels that the Associated Alumnae is too much an association of superintendents, to the exclusion of private nurses, who are not sent frequently enough as delegates. We think those who have attended many of the conventions would not agree with the writer. The same women, engaged in private nursing, are to be met at these meetings year after year, many of them having become permanent members and attending at their own expense.

There are certain offices, in both local and national associations, whose holder must have a permanent address and a certain amount of available time, and it seems to be almost impossible for the private duty nurse to fill these simply because of the nature of her work and the uncertainty of her time. Both groups of women are necessary for complete representation of nursing interests, and the minute we set up barriers that separate one from the other, we shall lose strength and interest.

One needs to have been a superintendent to realize the stress and strain and the heart-breaking problems of the teaching body. While the public may recognize individual donors and boards of managers as providing beautiful nurses' homes and improved facilities for the training of nurses, back of these is always to be found the individual teacher who, in addition to the burdens of her daily routine, is using her influence quietly and usually without recognition for the promotion of such advantages.

While there may be an occasional woman who, in her relation to the private nurse, is always the arbitrary superintendent; she is no more representative of the entire teaching body than is the arrogant, dissatisfied graduate representative of the reasonable and helpful women who form the great rank and file of the private duty nurses.

THE CENTRAL NURSING SCHOOL

Of late years, with all the developments in various directions, the idea of a preparatory or central nursing school has been seemingly lost sight of. The suggestion that has been made in England that the memorial to Miss Nightingale should take the form of a nursing college brings the matter freshly to our minds with the hope that it may be taken up by the Society of Superintendents, which would seem the proper body to move, and then some definite steps might be taken for the establishment of such an institution of learning for nurses in this country.

At the graduating exercises of the Massachusetts General Hospital, Miss Goodrich, who now represents the nursing profession in the Education Department at Albany, advanced the idea that as the states are now requiring certain standards and facilities for nursing schools, they should quite properly bear some part of the expense of their maintenance. We know Miss Goodrich is studying along these lines, and we hope she may evolve a plan by which the state may aid in putting such suggestions in practical form.

CONTRIBUTIONS ON SEX HYGIENE

At this time when so much attention is being paid to sex hygiene and moral prophylaxis, and the education of the young on such topics, we feel that we cannot too frequently present the subject to our readers. The paper on Moral Prophylaxis by Dr. George P. Dale will run through three issues of the JOURNAL, and after describing the two principal venereal diseases, he will touch on the subjects of ophthalmia neonatorum, prostitution, educational features, what boys and girls should be taught.

We have, too, the pleasant prospect of a paper written especially for the JOURNAL by Elizabeth R. P. Cocke on a kindred theme. Miss Cocke has been making a special study of this subject during the past winter, has been speaking to nurses' and mothers' associations, and can show how a nurse may help in this campaign.

THE SLIDING SCALE

In connection with Miss Parsons' paper, with which we are in entire sympathy, we want to touch again on the question of the sliding scale of compensation for all classes of nurses.

It has been one of the curious features in the development of nursing, that as a class we have been so willing to follow the dictation of others

in regard to our charges. Who is responsible for the fixed charge which has been so established a custom? Our experience goes back to the third year of trained nursing in this country, at which time \$15 a week was the recognized charge in New England, and this amount seems to have been fixed by the first boards of managers and the physicians associated with them. Our first work after graduation was with Dr. S. Weir Mitchell in Philadelphia, who was just beginning to be famous, where we had two rather easy cases in a private house, for which \$18 a week, nine for each patient, was looked upon as very liberal compensation. Little by little, in different sections of the country, the amount was raised to \$18, \$20, and \$21, but it seems to have stopped with \$25, with but few exceptions.

While undoubtedly our organizations of later years have had much to do with the gradual increase in the charge, we think they are also somewhat responsible for its remaining stationary. It has always seemed to us that for an organization or registry to establish a schedule from which its members may not depart is to curtail the liberty of the individual.

While we are in favor of the slide upward, we want to say a word also in favor of the slide downward. Not all nurses are alike capable, competent, adaptable, well trained. Experience adds great value to a nurse's usefulness in private, social, and institution work up to a certain point, and at that point—unless she exerts herself to keep to the mark, to improve opportunities to advance, to keep her mind open to suggestion and free from cock-suredness—her value grows less, and a later graduate is preferred. Why should a young superintendent, who has had no executive experience, command the same salary as one who has successfully worked out hospital and training-school problems? Why should a private duty nurse, who has not learned how to fit into the home life of her patient, charge the same as one who has established her clientele and is in constant demand? Why should the visiting nurse, who is just learning the A. B. C. of social problems, compete with her whose years have made her a valued social worker? Indeed the visiting nurse associations are solving the problem faster than most other bodies, for most of them provide increasing salaries for increasing years of service, and in this they are followed by the army and navy nurse corps. It is usually the private nurse and the institution worker who expect to begin and end their nursing career with the same rate per day or week.

Circumstances should alter cases, too. It is reasonable that in a rural community where ready money is scarce, but where living expenses

are low for both nurse and patient, salaries should be less than in congested cities where every turn one makes is attended with unavoidable expense.

It seems reasonable, also, that charges made for the very rich, all of whose living is done on a lavish scale, should be different from those for the people of moderate means who are able to take care of themselves under ordinary conditions, but who are to some extent submerged when some member of the family has a long and serious illness.

While in the beginning the fixed charges were easily held to because of the fact that the demand was greater than the supply, as the market became overstocked with nurses, if it were not for this fixed rate prices would adjust themselves, the worthy would get more and the unworthy less. Those nurses who have become so popular that they cannot meet all the demands upon them have a right to increase their rate of charge, while those who, through some failure in their preparation or in themselves have proved less acceptable, should very properly accept a lower rate.

When the law of supply and demand has broken down the fixed charge, the nurse who is inefficient or lazy, but who sits at home waiting for a call at full price, refusing all others, will be forced to keep herself alive or give up nursing altogether, and there will be fewer of this type.

If nurses are privileged to increase their charges, they should feel also an obligation to the community to lower them when occasion demands. The right to increase the rate for people who can pay should carry with it the obligation to lower it for those who cannot.

We are always sorry when we see reports from nurses' meetings that there has been a discussion of charges which has been publicly reported. It helps give the stigma of trades-unionism rather than professionalism, and gives the public the idea that no nurse ever lowers her charges, which we know is false. We venture to say that there has never been a nurse of proper spirit who has not at some time in her career lowered her rate out of consideration for the people she served.

In considering the work of visiting nurses, the error is sometimes made of supposing them philanthropists and therefore not to be considered on the same level as other nurses. It is true that they are employed by philanthropists and that they are part of a great philanthropic and educational movement, but they, themselves, are women earning their livelihood, with a future to provide for, and they should no more be classed with philanthropists than are other nurses, all of whose work is merciful in character, but wearing to soul and body, and worthy a remuneration proportioned to the service rendered.

NATURALIZATION SOMETIMES OF VALUE

WITH the development of all kinds of nursing work which come under civil service and national laws, foreign-born nurses are having forced upon their notice the advantages of becoming naturalized citizens. Canadian-born nurses, especially, form a large proportion of our graduates, and it is a question whether they do not outnumber the Americans, or that they did so in the earlier days, at least. While their field of work was confined to the home or to institutions, they could continue to claim their residence in their native country, and the taking out of naturalization papers was entirely unnecessary for effective work. They have been given full membership in all of our associations, and have been registered by the different states, being only required to claim legal residence in the state, which only means proof that one has lived in a given locality for a certain length of time.

With the coming of positions under civil service, which is so often combined with various forms of social work, conditions have arisen which make naturalization necessary to those who desire to do such nursing. We have recently had our attention called to several instances where nurses, having every intention of making the United States their permanent home, had been turned down in public positions because they had never taken out their papers. Several of these did not understand the necessity for a woman's taking out citizenship papers, as they supposed citizens had no privileges but that of the ballot. They did not appreciate at all the protection of citizenship to a nurse in a foreign country; for instance, that this entitles them to the American passport; nor did they realize that it would open to them civil service nursing positions.

One nurse lost a two years' trip in the Orient because she had come to this country at the age of six, and her father had never taken out his second papers. In another instance, two excellent nurses, experienced and well fitted for the work, lost their positions when the Department of Health employing them went under civil service. In the third instance, a nurse who had always considered herself an American citizen discovered that she was not eligible for its privileges because her father did not take out his papers until after her twenty-first birthday.

To become an American citizen requires five years residence in the United States; the first papers, which cost one dollar, are really the oath of allegiance and may be taken out immediately after arriving in America, but the second papers will not be issued until after at least five years residence. If, however, a person has been three or more years in the country when the first papers are taken out, the second papers

will be issued two years after the date of the first papers. The second papers cost four dollars, and to get them a person must have two witnesses, citizens acceptable to the board issuing the papers and who are not afterwards challenged by the Washington authorities.

A nurse wishing to take out first papers, or to obtain detailed information regarding the requirements, should apply to the clerk of the court in the city or county where she is living.

Superintendents of training schools having a large number of foreign-born pupils should make it a point to instruct them as to the growing importance of this matter.

The Red Cross does not require naturalization for enrolled nurses, but in case of war, those sent to the front would be required to take the oath of allegiance.

AN EXPLANATION

THE news items will be found somewhat disarranged and not in the usual groupings. It was necessary to print them in the order in which they were received, instead of waiting until all were in hand, as usual, in order that this edition of the JOURNAL might be ready for the Boston meetings.

MORAL PROPHYLAXIS *

By GEORGE P. DALE, M.D.

Dayton, Ohio

THE article which I am presenting on moral prophylaxis will be along the lines of interest not only to the general public, but especially to the nursing profession because: First, anything of importance to the medical profession belongs to the nurses; second, in your future lives you may come in contact with and be forced to give instructions to persons with venereal diseases for their own protection and the protection of others; third, the position of the graduate nurse in the public schools is becoming more and more recognized as a necessity and in this position she will be called upon to guide the boys and girls, and instruct their parents along these lines.

I hope in these articles to detail the symptoms of gonorrhoea and syphilis, and also to impress certain facts, showing the vast amount of harm and destruction of human life these two diseases are accomplishing. The facts will be given in plain terms and some of the statements may seem to be exaggerated, but the material that I am using has been compiled from well-known authors along these lines. Dr. Morrow, of New York, says: "Women—modest, refined, and most womanly of women are not offended by our plainness of speech along these lines. Their feeling is not one of outraged modesty, but of indignation, rather of resentment, that matters which so materially concern their health and the health and life of their children have always been concealed from them by the medical profession." The freedom of intelligent, refined conversation upon sexual subjects ought to be broadened; it should no longer be considered indecent to speak plainly. So any statement I make must not give offense, as I feel these details and facts should be known as they actually exist.

Venereal disease is a social problem even more than a medical question; and respects no social position and recoils before no virtue. It ramifies through every class and rank of society. It is probable that in this country the percentage of the population infected with venereal disease does not vary greatly from that in Germany, where on any single day about 100,000 people are under treatment.

* Lecture delivered to the senior nurses of Miami Valley Hospital, Dayton, Ohio.

Last year over \$10,000,000 were expended in the warfare against tuberculosis in this country alone. Less than one thousandth part of the sum was contributed to the war of preventing the ravages of diseases which, in respect to the character and sum total of their dangers to the public health, society, and the race, constitute a greater social scourge than tuberculosis. It has been stated that the number of persons infected with venereal disease is five times that infected with tuberculosis. Also there are every year about 400,000 young men in the United States who contract it in some form. Who can compute the number of innocent wives infected with gonorrhoea by their husbands, who the number of new-born babies infected by the secretions in the birth canals of their mothers, who the number of little girls with gonorrhoeal vaginitis due to the dirty fingers of their caretakers?

Howard Kelly, of Baltimore, states: "It must be known and recognized that these venereal diseases are far more contagious, far more widespread, and far more important economically than the dreaded tuberculosis which we are beginning to treat so sensibly."

In order to take up these subjects somewhat systematically I will describe the symptoms of syphilis first, followed by those of gonorrhoea and ophthalmia neonatorum; then some of the social aspects of these diseases and the education problems undertaken.

SYPHILIS

Syphilis is a far more prevalent disease than the majority of physicians suppose and is frequently overlooked by the family physician through his lack of familiarity with its various phases. Among the triad of human scourges—tuberculosis, alcoholism, and syphilis—the last one might prove the most devastating, if statistics could be made available as in tuberculosis. Syphilis is undoubtedly on the increase, and many estimable, respectable people acquire the disease innocently and for a long time are unaware of its presence.

There are probably not less than 50,000 new cases of syphilis in the city of New York each year; one of the leading dermatologists of that city made the statement a couple of years ago, that among the better class of families which he knew intimately, either as a physician or friend, at least one-third of the sons of adult age had syphilis. Morrow says, "90 per cent. of all cases of locomotor ataxia, and 80 per cent. of general paralysis or the paralysis of the insane are of syphilitic origin." Of abortions 42 per cent. are due to syphilis, and 60 to 80 per cent. of the results of syphilitic impregnation die in utero. The annual average of deaths from syphilis has increased from 4.1 per cent. in 1901

to 5.4 per cent. in 1908 per 100,000. In France 20,000 children die yearly from syphilis. New York is estimated to have 200,000 syphilitics.

The disease is usually spread by means of sexual intercourse, but may be acquired innocently from the use of drinking glasses, soiled handkerchiefs or towels, cigars, pipes, whistles, dental instruments, tooth-picks, kissing, etc. Many physicians are infected in the practice of surgery and obstetrics. Those who acquire the disease innocently usually innocently infect others, as in the passing of the drinking water in public places.

Acquired syphilis is a constitutional disease and belongs to what is known as the infective granulomata, being in the same class as tuberculosis. By constitutional disease we mean that the removal of the original sore or chancre will not check nor modify the course of the disease. As in typhoid fever, smallpox and other infectious diseases some patients have severe attacks, while others, owing to personal resistance, virulence, or quality of the virus absorbed, may have scarcely noticeable symptoms.

Infection always takes place in a manner similar to vaccination, but the changes produced by the absorption of the virus is slower. The period from the time of infection to the appearance of the first sore or chancre lasts about two or three weeks. During this period, and for a short time after the appearance of the chancre, there are no constitutional symptoms, nothing whatever, as a rule, to indicate an infection until the appearance of the sore.

For the sake of convenience the symptoms of syphilis are divided into three stages. The primary stage includes the time from the moment of infection to the outbreak of general symptoms and lasts 8 or 10 weeks. The chancre is the first manifestation of the syphilitic poison at the seat of its entrance into the body. When the poison is first inoculated under the skin, it is too small in quantity to produce any symptoms; but the poison increases in amount and after two or three weeks have passed the quantity is so great at the point of inoculation, that the tissues react and the chancre appears. The chancre begins with an erosion or papule which undergoes superficial ulceration. It is usually hard to the touch with a smooth shining red floor, covered with a slight deposit. Its secretion is scanty and slightly purulent. Pain in a chancre is absent and, unlike other ulceration, healing takes place without leaving much of a scar and in some cases there seems to be no scar at all.

The secondary stage begins when the eruption, mucous patches, and alopecia make their appearance, and lasts from 6 to 18 months or about one year on the average. The principal diagnostic points of this stage are

the various rashes, enlargement of the glands, and alopecia together with the constitutional symptoms.

As to the rashes or, as they are termed, "syphilides" it is well to remember that they may simulate all types of eruptions and are seldom itchy. There may be and frequently are more than one type of eruption present at the same time, and they are always symmetrical. That is, if you find the eruption on one arm you will find it on the same part of the other arm; and if on one leg, there will be a corresponding eruption on the other leg. The tendency of the eruption is to arrange itself into rings or parts of rings and they have a coppery color due to the deposit of blood pigment. As to location, their preference seems to be for the palms of the hands, soles of the feet, forehead, neck, trunk, and the flexor surfaces of the extremities; and rarely, on the face, backs of the hands, and tops of the feet. The rash is usually a simple roseolar eruption, not raised above the skin, but may be papular, vesicular, or even pustular.

As to the enlargement of the lymphatic glands, the glands nearest the chancre show the first enlargement and are firm and hard, freely movable under the skin, cause no pain and rarely suppurate except in strumous or weak patients.

The mucous patch is one of the most constant lesions of secondary syphilis. It makes its appearance about the same time that the eruption is observed. In the earliest stages the patch appears as a pearly round spot upon the mucous membrane of the mouth, entrance to the vagina, margin of the anus, or under the female breast. Its development may occur wherever the skin is thin and delicate and kept moist by secretions. After awhile ulceration of these patches takes place.

In many cases of secondary syphilis the hair falls out to a greater or less degree and may include all the hair of the body, but consists in a patch baldness of the scalp, the hair falling out in small patches of the size of a finger nail. In some cases there is only a general thinning of the hair without the formation of any distinct bald patches.

The constitutional symptoms occurring in the second stage are malaise, mild fever, anorexia, headache greater at night than in daytime; pains in the joints, with or without swelling, also pains down the front of the legs, which pains are also increased at night.

The tertiary or third-stage lesions are said to occur in from 5 to 40 per cent. of all cases of syphilis. Individuals who are strong and well nourished and who are systematically treated for a sufficient length of time rarely develop tertiary symptoms. The most usual time for their appearance is from three to five years after infection, although they

may appear as late as fifty years, and during the time intervening the patient may be entirely free from symptoms.

The lesions of this stage also have their own characteristics. They only attack a limited space: they have a tendency to extend and cause destruction of tissue with formation of scar tissue, and subsequent contraction of this scar tissue; they do not tend to spontaneous recovery as in the second stage, but rather to break down and ulcerate and also extend deeply into the tissues.

The most common skin manifestations of this stage are the gumma or tumor formation; the tubercular syphilide and the rupia or as it is sometimes called "oyster shell" syphilide on account of the fact that its layers are formed as in the oyster shell.

It is in the third stage that we see syphilis as the most prevalent cause of paresis and locomotor ataxia and of other destructive lesions of the nervous system. The more thoroughly the histories of the insane are being studied, the more is syphilis looming up as a causative factor. We must also think of the bearing of syphilitic endarteritis (a third stage lesion) upon cerebral apoplexy, insanity, aneurism, and gangrene; of the action of syphilis as a cause of kidney disease and cerebral softening.

HEREDITARY SYPHILIS

Of all the grave consequences of syphilis, none are so serious as those of heredity. Heredity syphilis differs in no wise in character from the acquired disease, but there is no chancre. About 14 per cent. of infected children die during the first year, about 25 per cent. grow up to adult life, very, very many die in utero and become one of the chief reasons why women miscarry.

In this form of syphilis we note pain as one of the main symptoms. Infants cry usually from hunger or pain. An inherited syphilis causes pain generally in the region of the epiphyses, to such an extent that the children scream or moan incessantly. This constant crying day and night may be the only manifestations of constitutional syphilis. Under antisyphilitic treatment the child soon ceases its crying. They usually commence to cry from the second to the fortieth day of life, screaming when they are moved, and crying being specially severe at night.

Syphilis in the parents has a more injurious influence on the physical and mental development of the offspring than is observed with any other disease. Even when inherited syphilis does not manifest itself as such, it may render the children physically and morally unfit for their proper places in society. The severity of the syphilitic infection at birth

seems to be of supreme importance for the later fate. Children with pronounced symptoms soon after birth do not grow up healthy. The cause of many cases of defective physical, mental, and moral development may remain a mystery until suddenly cleared up by the discovery of a history of syphilis in the parents. When we note that several children in one family display this nervous irritable tendency, a family history of syphilis should be suspected.

There are a few facts regarding syphilis that I wish to be especially remembered:

It is constitutional, affecting every organ and tissue.

It is either acquired or inherited.

The first evidence of acquired syphilis is the initial lesion in the form of a chancre.

The secondary manifestations of the acquired form, as well as the chancre, are powerfully infectious.

The tertiary lesions, while not clinically infectious, have no tendency toward spontaneous cure, but always toward destruction of tissues.

The acquired form is usually conveyed in sexual congress and hence is called venereal.

SYPHILITIC TREATMENT

I wish here to say a few words as to the treatment of this disease. There is one drug and one drug only which, when properly used, has been considered a specific. This drug is mercury, which has been used since more than 2000 years before Christ. No antisiphilic treatment should be administered in a suspected case until the appearance of the secondary symptoms, for several reasons; it is necessary to be absolutely positive of the diagnosis, and then it has been proved that active treatment during the stage when the chancre is present will cause the secondary stage to be very light and the third stage symptoms to be severe. Syphilis can be cured and cured permanently in the majority of cases, but the laity and, it would seem, some of the medical profession also, do not sufficiently appreciate the importance of a full and perfect treatment not only until the external evidences of the disease have disappeared, but until sufficient time has elapsed for the complete elimination of the poison from the system, two, three, four, or even five years,—never less than two years.

SYPHILIS AND MARRIAGE

The relation which the question of marriage bears to syphilis is an important one. The fathers of marriageable daughters should know that dissolute men often make dangerous husbands; that the man who

has been licentious in his habits before marriage is more likely to bring ruin than happiness to his daughter, and that the habits and sexual health of his prospective son-in-law are quite as important to consider as his financial and social position. The men who are responsible for the introduction of venereal diseases into marriage and the consequent wreckage of the lives of innocent wives and children are not, as a rule, the confirmed debauchee, but, for the most part, men who have presented a fair exterior of correct and regular living—often men of good business and social position—not infrequently what are considered the "good catches" of society. Marriage should not be permitted until at least one year has passed during which no symptoms of syphilis have appeared.

(To be continued)

THE SLIDING SCALE OF CHARGES FOR PRIVATE NURSES

By SARA E. PARSONS, R.N.

Massachusetts General Hospital

Is it not time for the nurses to consider whether it is necessary or desirable to accept the situation that at present exists, of allowing the fee received at the beginning of their careers to mark their maximum achievement?

Logically the charge for a nurse's services would vary according to the length of time she has spent in preparation for her work, the prestige of the school from which she is graduated, the demand there is for her services, and the financial circumstances of the people among whom she works. As a matter of fact, however, the charges are so nearly "fixed" that we find all sorts and conditions of nurses asking the maximum price of the locality in which she practices.

It seems manifestly illogical that the clever, well-trained woman, who is employed by the famous practitioner for his critical cases, should be receiving the same compensation as the new, untried graduate, and no more than she received herself in the years of her crudity as a private nurse. After having done private work long enough to have acquired adaptability and confidence in meeting the varied situations that she must work in, isn't the nurse worth more to her patients and the doctor than when she first left the hospital? If she is, why should she not

increase her charges proportionately? Is it because her patients cannot afford to pay more? Not usually. The trained nurse is generally employed by wealthy people who pay what they must for the best of everything, from doctors to tailors. Is it because the doctors would criticise such an innovation? Sometimes, perhaps, but not always. There are doctors who have told nurses in certain instances to increase their charges, and others who do not understand why nurses do not always do so when they are employed by people who are obviously able to pay.

Is it because the nurse lacks initiative, or because she has not sufficient confidence to increase her rates, fearing criticism or loss of employment? In most instances the last reason is probably the correct one. How then is the private nurse who is ambitious to demonstrate her professional success to do so in a material way? Only by perfecting her art in every possible manner, so that as time goes on the doctors and patients will be willing to pay her increased rates rather than dispense with her services. When the time comes that the particularly successful nurse is expected to increase her rates in proportion to her experience, the new graduate will have a natural stimulus to exert every power to improve her technic, her mental and social resources, and to take time for post-graduate work in order to stand always ahead of the rank and file. Then will the new graduate look with admiration at the successful woman who has been in the field ten years and more, and will think of her as one whose example it is desirable to emulate. There will be many who, feeling that the nurse's services are a necessity, and that her prices are already prohibitive to the large class of people in moderate circumstances, will protest a suggestion of increasing rates for private nurses. They will fear that the new graduate and the mediocre nurse will also increase their rates and that it will be impossible for any but the very rich to secure the services of a trained nurse.

It is pretty obvious that only a minority will have the ability and ambition to distinguish themselves in the field of private nursing. As with the medical profession, the rank and file will have the ordinary system of fees.

As to the question of trained nursing for people of moderate means, that is another problem, and there is a great variety of opinion as to whether it is as serious a problem as some people think. It is also a question whether it is a problem that nurses must themselves solve, or whether the enormous class of people in moderate circumstances will not take that responsibility on their own shoulders. If they do feel it seriously, they should do so. Hospital care and sick relief societies

may do a great deal with the co-operation of many medical and nursing individuals who are charitably inclined and glad to help out in cases of real need.

We are all beginning to realize that there is a real need of well-trained attendants, and when the need is sufficiently urgent, we shall set about some plan for furnishing these attendants.

NURSING IN NERVOUS DISEASES

FOURTH PAPER

THE OBSERVATION, DIFFERENTIATION, AND IMMEDIATE TREATMENT OF "FITS"

By J. FOSTER KENNEDY, M.D.

Physician to the Neurological Hospital, New York City; Chief of the Fraenkel Clinic; formerly of Queen's Square Hospital, London, England

THREE definite varieties of convulsive seizures will come under a nurse's observation. In a great many instances the duration of these attacks will be brief, she alone will have the opportunity of seeing all the stages of the attacks, and on her evidence alone a diagnosis may have to be based. Speaking broadly, one may divide the convulsive seizures of adults into three distinct groups: major epilepsy, in which no gross brain lesion can be found; focal or Jacksonian epilepsy, produced by localized irritation of part of the cerebral cortex; and the great group of the so-called functional fits, especially those in which well-marked motor phenomena predominate. We shall consider first the characteristics of a major epileptic seizure and contrast these with those of functional and hysterical attacks.

Major Epilepsy.—For purposes of description, the phenomena may be divided into four stages: (1) The warning or aura; (2) the tonic stage; (3) the clonic stage or stage of convulsions, and (4) the period of recovery.

1. The warning or aura: About 50 per cent. of epileptics are aware of the impending onset of an attack for a varying number of seconds before consciousness be lost. The warning or "aura" is any sensation which occurs during the retention of consciousness, which is of almost momentary duration, and which is immediately followed by the onset of tonic or convulsions. These warnings vary greatly, though they are

usually constant for each individual—a momentary tingling in a part of the body, the hand, foot, or face, in the order of frequency of occurrence, a slight twitching of the same parts, a subjective sensation of smell or taste, or possibly the aura may be represented by the sudden access of a great and inexplicable terror. In half the cases, however, the patient suddenly falls to the ground unconscious and rigid. In falling, the well known “epileptic cry” is often heard, but is more frequently replaced by a hoarse gurgle caused by a long inspiration through an almost imperforate glottis; the patient lies on the ground with all the muscles of the body in a state of tonic contraction, the arms widely abducted and the hands clenched; the body is frequently arched and owing to the rigidity of the respiratory muscles in common with the rest of the muscular system, the face becomes cyanosed, the face and lips being bluish or even of a dark purple color. This stage of tonic contraction lasts in most cases no more than a minute; consciousness is completely abolished and if the cornea be lightly touched with the finger, no defensive winking is produced.

Twitching movements usually begin in the face,—rapid opening and shutting of the eyes and spasmodic contraction of the muscles around the mouth being most common; jerking movements of the neck are rapidly followed by rapid alternate flexion and extension movements of the arms and legs, with considerable involvement of the trunk muscles. During this stage the tongue is usually thrust forward and may be severely wounded by being caught between the upper and lower teeth. Saliva is discharged from the mouth as froth and is frequently blood-stained owing to the bitten tongue. During this stage the sphincters are frequently relaxed, and involuntary evacuations of urine or less often of feces occur.

The duration of this period is seldom more than three minutes and never more than five; it terminates gradually. The convulsive movements become less violent, occur less rapidly, and finally cease; the face resumes its normal color, the corneal reflexes slowly return, and the patient falls into a deep sleep which may last for an hour or more, and from which he awakes heavily and with some dull headache.

I want here to direct your attention to a phenomenon, which, if generally known, is generally overlooked; the condition of the plantar reflexes after the general epilepsy of the type I have just described.

Normally if one slowly draws a pencil or some such pointed instrument along the outer side of the sole of the foot, the great toe of that foot will be seen to be drawn downwards, i.e., towards the pencil. Five

or eight minutes after the convulsive period of an epileptic seizure, if this plantar stimulus be applied, the great toe will be found not to be flexed downwards but to be extended upwards; this sign is in the majority of cases bilateral and persists for about half an hour after the cessation of an attack, after which the normal flexor reaction will again be found to be present.

You will at once recognize the importance and diagnostic significance of this sign; frequently an attack has already taken place and is passed before the patient can be properly observed and doubt may arise as to whether the attack has not been of an hysterical nature. This sign is never present after hysterical fits; it is almost always present after major epileptic fits; it persists, as I have said, for half an hour and it consequently is a most valuable sign by which to differentiate the two conditions; demonstration and practice in the wards will quickly teach a nurse how to elicit the plantar reflexes, and a report of their investigation should always be added to the nurse's description of the attack.

So much for the epilepsy of the major type. How are we to distinguish such seizures from so-called *functional* or *hysterical attacks*?

It would be impossible to describe all the different varieties of convulsions of hysterical nature. I shall attempt to describe what may be considered as a typical attack and then shall point out to you in what respects it differs from idiopathic epilepsy. The patient is most usually of the female sex, but this generalization is by no means as true as the frequency of its unqualified assertion would lead one to suppose, hysteria occurs quite commonly in men and boys. The onset of the attack may be determined by some emotional disturbance and is of a gradual nature. The patient complains of a choking sensation, becomes excited, may burst out crying, or may laugh wildly and without reason, then screaming continuously she throws herself to the ground or onto a convenient article of furniture. There she may pass into a tonic convulsion—the hands clenched, the head thrown back, and the spine arched sharply backwards; this obtains only for a short period, to be followed by general convulsions which differ acutely from those seen in epilepsy in being markedly purposive in character, the arms are flung around her head, wildly and melodramatically, the clothes may be torn, bystanders are fought, pushed, struck, scratched, kicked, and not infrequently bitten. This fury of agitation may continue for a prolonged period with remissions during which the patient lies exhausted and groaning with half-shut eyes.

The face is never livid as in epilepsy but shows merely the height-

ened color associated with violent and unaccustomed exertions. Consciousness is never lost; the corneal reflexes are present; the patient's movements, exclamations, or cries throughout the attack are frequently instigated and directed by the actions or words of the bystanders. The eyes are usually kept tightly closed and efforts directed towards opening the lids are strongly resented. It is most unusual for patients to do themselves any serious injury in the course of an hysterical fit. The production of subjective pain is limited to a minimum—from which it may be inferred that the severe scalp wounds, not infrequently produced in the epileptic by reason of his falling heavily to the ground, are never found in the course of a genuinely hysterical attack, and in the same way severe wounding of the tongue by biting is only found in epilepsy and not in hysteria. Evacuations of the bladder or rectum never take place in the course of an hysterical fit whereas in epilepsy these symptoms are common, in fact usual occurrences.

The termination of an attack of the nature I have described differs markedly in the majority of cases from that of an epileptic seizure. Rarely is there any period of stupor or drowsiness other than that degree of physical exhaustion which would naturally follow efforts of such violence as I have spoken of. The patient usually ceases her demonstration with dramatic suddenness and not infrequently inquires naïvely of the bystanders as to her whereabouts, consciousness being obviously complete.

After the cessation of an hysterical attack the reflexes are found to be of the normal type in every instance, the plantar reflex is never of the extensor type that obtains after epileptic seizures.

The next type of fit which we must consider is that known as *Jacksonian Epilepsy*, so-called from its original describer, Dr. Hughlings Jackson, of London. If we look at the map of the surfaces of the brain we will see that certain areas have been found to subserve certain functions; that one part of the brain surface governs the movements of the arm on the opposite side of the body, another part the opposite side of the face, another the leg, yet another has to do with the property of vision in the opposite visual field, and so on.

You will also notice that these areas have been found to bear a constant topographical relationship with each other, and you will remember your physiological teachings that the external surfaces of the cerebrum are composed of irritable cortex, which fact in turn will cause you to remember the fact that if any of these "irritable centres" be stimulated or irritated, a movement characteristic of that centre will be

produced, i.e., if the right arm centre be stimulated the left arm will move, and further that if the stimulus to the right arm centre be sufficiently powerful, some of that stimulus will flow over into the adjacent centre or centres, with the result that soon after the left arm has moved the left leg or the left face or both will also twitch. You will have produced, then, by your experiment an artificial attack of Jacksonian epilepsy.

This is precisely what occurs when any foreign body such as a tumor, a blood clot, or a piece of skull, depressed through injury, impinges and irritates any of the specialized brain centres. As we are attempting to differentiate the various types of motor fits I shall more especially confine my description to Jacksonian epilepsy as the result of irritation of the motor areas.

Let us suppose that a patient has a tumor growing in the neighborhood of and irritating the face centre on the right side of the brain—you will remember that the order of the motor areas from below upwards is first face, then arm, then leg. What will be the probable course of events as regards objective motor phenomena? Usually the patient will tell some bystander, most probably his nurse, that he feels queer and, if this be not his first attack, that he is going to have a fit. He will perhaps complain of numbness or tingling in the left side of the face, which sensation will shortly be followed by a few irregular twitches of the left angle of the mouth. These spasmodic contractions will follow each other in quicker and quicker succession, and with increasing violence and range, until the whole of the left side of the face is involved in clonic convulsion. The patient is acutely conscious of his condition, the eyes show a characteristic look of distress, and he will only be prevented from speech by the involuntary movements of his mouth.

After a few minutes, evidence of "spread" is found,—the left arm becomes involved; first the fingers begin to twitch, at first slowly and irregularly, later rhythmically and more quickly, then the wrist becomes involved, then the elbow and the shoulder, so that the whole limb executes clonic movements, the joints being usually held in a position of semi-flexion. Consciousness is still retained. Then the left trunk muscles become clonically convulsed; the muscles of the left thigh follow suit, and then those of the left leg. Consciousness still retained. At any stage of the attack the irritant may cease to act, whereafter the movements gradually disappear; but, on the other hand, the "spread" of the stimulus may extend to the opposite hemisphere, with the result that the right side becomes affected like the left side, through an inverse order.

When both sides of the brain have become involved, consciousness is usually lost. The duration of such attacks is quite variable; they may last but a few minutes, while I have seen an attack of focal epilepsy involving the left side last for eighteen hours with but a few short intermissions. When the attack has passed there is usually marked weakness in the affected limb, which, however, is of a purely temporary character as are the changes of the reflexes of the same side, which include in most instances exaggeration of the deep reflexes, abolition or depression of the abdominal reflexes, while the plantar reflex for a variable period following the attack is of the extensor type. You will notice that the changes in the reflexes here are confined to the affected limbs and are not bilateral as they are in so-called idiopathic epilepsy.

In her report of any case of Jacksonian epilepsy, a nurse must be especially careful to specify distinctly the starting-point and mode of "spread" of the convulsions, for the data may have to be used as the only evidence on which a highly responsible diagnosis can be based; therefore, think clearly, observe minutely, and report accurately.

As regards the immediate treatment there is but little to be said from the nurse's standpoint. In true epilepsy, one's efforts should be directed towards the prevention of injury to the patient through the violence of the convulsions. It is only possible in such cases as give warning of the onset of a fit to catch the patient before he falls to the ground. Neckbands should be rapidly loosened and something should be inserted between the teeth to prevent the tongue being bitten,—a handkerchief or a towel is usually most convenient. When the attack has passed the patient should be lifted to his bed or couch; where he should be left quietly to sleep and allowed to awaken naturally.

To cope adequately with a severe hysterical fit is in most instances beyond the nurse's province without explicit directions from the physician in charge of the case. Exhortation is usually worse than useless! and more radical measures, such as the use of strong faradism or cold water douches, had best be left to the medical man unless the latter expressly directs otherwise. The unpopularity of these apparently ruthless remedies among patients and patients' relatives makes it advisable that this case should be confined to those who can best shoulder the responsibility! A whiff of chloroform is probably the only agent for cutting short an attack of Jacksonian epilepsy; this, of course, can only be administered by the physician, therefore when an attack occurs send for the latter, be an expert witness, and present to him when he arrives a full and detailed report of all that has taken place under your observation.

<i>Epilepsy</i>	<i>Hysteria</i>	<i>Jacksonian Epilepsy</i>
Onset: usually sudden and frequently causeless	Gradual and usually induced by some emotional stress	Begins gradually with twitching of some one part of body, finger, toe or face.
Bilateral	Bilateral	Unilateral
Sudden loss of consciousness	No loss of consciousness	No loss of consciousness
General tonicity	Probably general tonicity	No tonicity
Face livid and cyanosed	Face red or pale	Face red and distressed
Corneal reflex absent	Corneal reflex present	Corneal reflex present
Generalised purposeless symmetrical convulsion	Purposive movements of one, two, or all four limbs	Gradual spread of "twitching" to other limbs of same side
"Unconscious" stertorous breathing	Frequently screaming and shouting	Groaning or silence
Tongue often bitten severely	Lips may be bitten. Tongue rarely or never bitten	Tongue not bitten
Sphincters relaxed	Sphincters never relaxed	Sphincters never relaxed
Ends gradually in drowsiness or stupor	Ends usually abruptly without ensuing stupor	Ends gradually, headache and fatigue later; no stupor
	Hysterical convulsions	
Duration: A single attack never lasts more than five minutes	Duration indefinite and usually dependent on treatment	Duration indefinite—minutes to hours

It must be remembered that Jacksonian epilepsy may often begin as a purely focal attack, remain unilateral for a lengthened period, and then become bilateral, at which time the patient loses consciousness and passes through all the phenomena of a prolonged attack of major epilepsy.

SOME COMMON DIGESTIVE DISTURBANCES

By ANNE E. PERKINS, M.D.

(Continued from page 621.)

Probably the most frequent complaint of the intestinal tract is constipation, a disturbance of intestinal peristalsis, a delay of the passage faeces along the colon or from the rectum. That occurring in the colon is outside the control of the will, but when in the rectum it is largely

due to neglect in attending to Nature's call, irregular habits, or an atony of the rectum such as is found in old people very often. The nervous element is prominent in all cases but most important of all is habit, which should be as *regular as sleep*. We all know that many people are constipated if the routine is broken by their spending the day or night away from home, by a journey of a day or two on the train, etc. A nurse often postpones going to the toilet until she has done this or that for a patient, with the result that nurses are very frequently troubled with constipation. If the fecal contents of the intestine are retained too long, moisture is absorbed and they become so dry that expulsion is interfered with. Next to lack of daily, regular habit, in importance, as a cause of constipation, is what Elbert Hubbard calls "the Beecham pill habit," that is taking cathartics to move the bowels. Over and over again people say, "I never let myself go—I take a pill every night"—or "I took salts this morning and have been running all day." This obsession or fetich should be discouraged, some one has called it the "curse of pill-hunger." We know that the more aperients and cathartics people take, the more they must take; the reaction is—worse constipation—and it keeps up the vicious circle. We give castor oil, for instance, in diarrhoea, sometimes to get the bowels cleansed and to stop the diarrhoea by the reaction that follows. It may not be necessary for every person to have a daily movement, though this should be the effort, some keep well by having a movement once in two days. Certain it is that we should not be alarmed and fly to aperients if the bowels do not move, but coax regular habits by daily routine, exercise out of doors, cold bathing, gymnastic exercises for the trunk and pelvis, laxative diet and plenty of water, which most people neglect to drink. If "intestinal auto-intoxication" were as dangerous as many extremists assert, we should have more trouble than we do. There is something in it certainly, but not as much as is commonly supposed. Often people go to such extremes in diet that there is not bulk enough to the intestinal contents to secure regularity; the colon must be moderately full, we must eat enough, especially green vegetables, fruit, coarser breads, cereals with hulls, figs, plenty of fluids, so there will be an undigested residue.

If we take or give a drug to open the bowels, it should be the *smallest amount* that will cause an evacuation. Teach people to persevere patiently by hygienic means until they do not have to fret about their bowels. Enemata are harmful if repeated so often that the bowels do not move otherwise. Glycerine suppositories, abdominal massage, electricity, agar-agar, bran, are all to be tried in preference to drugs. Regular habits of going to the closet at a certain time and sitting there ten

minutes, even, if there is no desire for stool, will work wonders. But if one says beforehand that it will do no good and sits for a moment or two impatiently, or reads while waiting, it is useless.

There should be a crusade against indiscriminate and injudicious use of purgatives, many of which are alluringly advertised to "work while you sleep." We should teach our patients that constipation is caused or aggravated by them, never cured. Anyone can *produce a forced movement* by a *purge* but that is not *curing constipation*, for the bowel will be inactive the next one or two days and only seem to need another cathartic and so go on from bad to worse, inactive unless forced.

All purgatives are irritants, hurrying the contents of the bowel through too quickly. No part of the human economy is subjected to greater abuse than the digestive tract. One after another, at the same sitting, perhaps, we put into it, imperfectly masticated, indigestible compounds, hot, cold, boiled, baked, fried, proteids, fats, sugars, starches, fluids, solids, minerals, food adjuncts, perhaps liquors, often in great excess to the point of satiety. It is an excellent rule to leave the table hungry, or at least so we could eat a little more. So often we read of men dying suddenly at a banquet, and we see daily the effects of too high living.

The agar-agar spoken of is a product similar in appearance to strips of gelatine, used in laboratories for making culture media. It is successfully used in the treatment of chronic constipation on account of its affinity for water which keeps the stools soft. It is finely powdered or cut, softened, and served with cereal, stewed fruit, etc., as it is so insipid alone as to be distasteful. A teaspoonful or tablespoonful is the average dose.

It should be said that appendicitis is now recognised as occurring frequently in a mild or chronic form, not necessarily a surgical condition. Many so-called bilious attacks, vomiting and digestive disturbances recurring at frequent intervals, in children and adults are really appendicitis. Just as in diagnosing gall-stones we do not have always present pain and jaundice, so in appendicitis the diagnosis is not always from pain in the right iliac region with rigidity there, vomiting, etc., though these are typical of the average acute onset.

A very large number of cases have recurrent mild attacks, perhaps not diagnosed until a severe attack occurs with surgical intervention. These have a slight or no rise in temperature, moderate pain or soreness in the region of the appendix, some gastric symptoms and an inability to straighten the right knee without pain and discomfort. Cathartics generally relieve, with local applications of heat or cold. In no case

where diagnosis is certain should active purging be used by the nurse or family without the physician's order, and cold applications should be used rather than hot. All food or water should be withheld except as the physician advises.

A PLEA FOR THE TRAINED NURSE AS AN ANÆSTHETIST *

By ALICE L. BRUTON, R.N.

Graduate of the Hartford Hospital, Hartford, Connecticut; Anæsthetist at the Protestant Hospital, Norfolk, Va.

ANÆSTHESIA is one line of surgical work to which very little attention has been given in the medical colleges, hospitals, or the profession in outside practice, the administration of anæsthetics being looked upon as such a minor or unimportant part that it could be done by anyone available. This is especially true in outside practice, and in most of the hospitals throughout the country.

Most of us know that the average practising physician or interne has no training in this line of work; and even if he has had training of a few months as hospital interne, he is apt to be out of practice, and probably has not given an anæsthetic for months, or even years.

When an interne or practising physician is giving an anæsthetic his mind is more apt to be taken up with the field of operation than with his part of the work. For this very reason, if no other, a specially-trained nurse makes the best anæsthetist.

The medical profession is slowly but surely being convinced that this part of surgical work has not received the attention its importance warrants.

The method used by me is the ether "drop method," which has been used so successfully for the past ten years at St. Mary's Hospital, Rochester, Minn.; it having been my privilege and pleasure to make a most careful observation of this method at this great surgical clinic.

The inhaler used is the improved Esmarch, covered with two thicknesses of stockinet, ether being dropped on slowly until the patient's face becomes flushed, then a few layers of surgeon's gauze are folded around the mask, and the ether is given a little faster until the patient is surgically etherized. I then remove some of the gauze and continue

* Read before the Graduate Nurses' Association of Virginia, February, 1911.

to drop on the ether, but very slowly and with a small drop, only sufficient to keep the patient in this condition, very little being needed in most cases. The type of operation and operator has a great deal to do with the amount of anæsthetic required. Respiration and circulation, as shown by color, rather than pulse, are the main indices as to the patient's condition, though in patients who have lost a good deal of blood and who are pale to start with, the pulse may be taken also.

To prevent infection being conveyed from the mouth and air-passages of one patient to the patient following, the hands of the anæsthetist should be washed between operations, the frame of the mask sterilized, a fresh piece of stockinet placed upon it, and fresh sterile gauze for folding around the mask. These pieces of stockinet and gauze can be washed, sterilized, and used again.

The anæsthetist should be quick to recognise the patient's temperament when he enters the operating room. Considerable tact must be exercised at times to gain the patient's confidence, which is very necessary in successful anæsthesia. After gaining his confidence, suggestion is a powerful aid. The patient is far more responsive and willing to submit to anæsthesia if assured by the anæsthetist that the surgeon will not be allowed to start the operation until he is entirely unconscious.

After the patient is placed on the operating table, artificial teeth should be removed, hands should be fastened loosely across the chest with a wide gauze bandage, and a pad of moistened cotton placed over the eyes to prevent irritation from the anæsthetic.

See that the patient's head is properly elevated. His shoulders should rest upon the table, his head be supported by one or two soft pillows, according to the depth of chest. There should be no flexion or extension. Very obese patients may require several pillows, which can be successively removed as anæsthesia deepens, till the dorsal posture is reached.

It is a great mistake to always lower the head, as is recommended in so many text-books. There is absolutely no danger in elevating the head as much as is comfortable for the patient in giving ether. Make the patient comfortable, in short, do everything to enable the patient to breathe easily and naturally. He should be told how the anæsthetic will affect him and he will then be prepared for what is coming, and will not be alarmed. It is an excellent practice to divert his attention by talking quietly to him while administering the anæsthetic, and less of it will be necessary to produce the requisite degree of relaxation.

One of the greatest aids to surgical anæsthesia is the preparation of the patient while being anæsthetized, thereby diverting him, hastening

anæsthesia, and saving time. After the patient's jaw becomes relaxed, turn the head to one side, and hold the jaw up and forward.

While the best authorities say there is no single positive sign of surgical anæsthesia, yet there are many conditions that aid us, such as deep respiration, relaxation of muscles, etc., all of which, taken together, convince the anæsthetist the patient is ready, so that a mistake is rarely made. Give the patient plenty of fresh air, and he will do much better than if crowded. Should respiration become embarrassed, raise the jaw up and press it forward, withdrawing the anæsthetic.

I never use tongue forceps, but rather, when it becomes necessary, catch the tongue with a piece of gauze, pulling it out, somewhat to one side. By giving plenty of air when needed, the patient will not become cyanosed, and there will be little need for the many stimulants so often resorted to in operating rooms.

If stomach cases are thoroughly prepared by lavage, and if morphine gr. $\frac{1}{6}$ be given thirty minutes before coming to the operating room,—after the patient is surgically etherised, incision made, and stomach explored, while the surgeon is working on the viscera there is no pain and the patient may be allowed to become almost conscious, no more ether being necessary until time to close incision, completing the operation with a relatively small amount of anæsthetic.

In most cases that are thoroughly prepared, and especially if there has not been much handling of the viscera in abdominal cases, or prolonged or rough manipulation by the surgeon, reaction after anæsthesia will be short and easy, and the patient will not need any special treatment for nausea, other than keeping quiet.

In a general hospital, where there are many surgeons operating, each having his special methods of preparation, as well as operation, the patience of the anæsthetist may be tried to the extreme. Some surgeons, who may have had some heart-rending experience in resuscitating patients who have been improperly anæsthetized, or perchance may have lost one or two, are apt to be scared all the time for fear the anæsthetist will give too much, are apt to worry her about it. And again, if he should not know a great deal about anæsthetics, he will sometimes tell her how to give it, especially if the patient makes any start to vomit. All this will tend to confuse and worry her, and if she show that she is worried and confused, she will immediately impress the surgeon as not being sure of her ground, and he will lose confidence in her at once. If the surgeon has confidence in his anæsthetist he should let her give the anæsthetic in her own way and not confuse her by talking to her. It is quite different where the anæsthetist has to

work for one or two surgeons only, they soon become accustomed to each other, and there is no confusion or misunderstanding.

It is very necessary for the anesthetist, as well as for the hospital, to keep a record of the patient's condition before and after the operation, especially the condition of the kidneys, the lungs, heart, and post-operative nausea, as these questions are constantly coming up in statistical reports.

At the largest surgical clinics in this country especially trained anesthetists are employed, who are nurses. The surgeons recognising the fact that as they do not aspire to be surgeons, it is not difficult for them to give their whole attention to the anesthetics, which is certainly enough responsibility for one person to assume. And as one pioneer surgeon in the West put it, "In the next decade, I hope to see anesthetics administered exclusively by nurses."

WORLD'S LARGEST QUARANTINE STATION

By FELIX J. KOCH

ON the Gulf of Suez stands the busy port of Tor, interesting from the fact that here is to be found the largest and best-equipped quarantine station in the world. It has been erected by international co-operation, at great expense, for the benefit of Mohammedan pilgrims returning from the sacred city of Mecca. The whole of the enormous area given over to the station is enclosed by a strong and high wire fence, besides being guarded by hundreds of Turkish soldiers who are quartered here during the time of detention. The large compound contains fumigating establishments, hospitals, storehouses, and hundreds upon hundreds of one-story stone structures arranged in rows and groups. Here the thousands of Mecca pilgrims find lodging; but in cases of serious epidemic, when the houses cannot contain all the pilgrims—tents, which are reserved for this purpose, are pitched. The different parts of the great enclosure are connected by means of a tramway, and communication is further facilitated by telephone. There is also a large telegraph office and water works.

Often from 7,000 to 10,000 of "The Faithful" are seen in detention here. In 1904 there were as many as 17,000 here at one time. As there must elapse ten days without a death before the pilgrims are allowed to proceed on their journey, and there were many deaths among

QUARANTINE STATION AT TOR.



this great multitude, so that it appeared as though they never would be able to proceed, the pilgrims agreed that for the next ten days there should be no more deaths; but after their departure, a strong wind, blowing and shifting the sand where the tents had stood, revealed the ghastly sight of the remains of several pilgrims, who, having died, had been buried in the sand under the tents by their comrades.

Tor contains some fine shops, a large government house, barracks, a Christian church, and a monastery. Curiously enough, the greater portion of its inhabitants are Christians.

A RESIDENT NURSE IN A SOUTHERN COLLEGE

By LINNA H. DENNY

Graduate of the Illinois Training School for Nurses, Chicago

WHEN the opportunity offered to become resident nurse in a southern Methodist college, I thought of the sleepless nights of private nursing—of the restful glimpses of the college campus that I had had in passing on the train, and my mind was made up. Of the duties, I knew practically nothing, except the vague feeling that it would not be “very hard.”

On opening day I arrived with the great rush of girls. They poured in for three days on every train—the jolly, happy lot,—old girls welcoming each other, new ones a little dazed, teachers greeting one another, and the happy confusion of getting settled into rooms and class work.

Athens College was founded in 1843—and by the way, it is the second oldest chartered college for women in the world, the oldest being in Macon, Ga.

It was mid-September, and the evening hour before sunset was most inspiring. The body of the house is colonial, with huge columns across the front rising forty feet. It fronts west, and the sun sets in special splendor when viewed through the ancient oaks and tall pines of the campus. And then there are the girls—always the happy, laughing girls, arm in arm, strolling about, recounting vacation experiences.

I found my department to consist of a bedroom, bath, hall, and quite a good-sized room with *Infirmery* marked on the door. It is the third floor annex, and can be isolated if necessary. The five little white beds looked quite inadequate to care for the possible sick of over two hundred students; but there flashed through my mind the wonderful

health record of the college—not a case of fever nor a death since before the war.

Our president, from her past experience, had forecast the probable sickness: "Look out for malaria and a few chills the first month, some of these girls come from the lowlands and this higher altitude will develop it. When the first cool days come you will have a little tonsillitis; after Thanksgiving and Christmas holidays some sick girls from overeating. In January look out for gripe; February and March, for the contagious diseases—measles, mumps,—and toward the close of school a few girls will need tonics and a little help through the hard work previous to commencement. That is about all."

My first patient was a little red-haired child of nine from the primary department. She had an older sister in the college, and the devotion of the two was beautiful to see. The little thing had a few chills and was in the Infirmary about a week. I am afraid I acted like the proverbial hen with one chick, I was so glad of something to nurse and to mother. When she cried because she never had taken a capsule, I gave her ice cream to console her. I allowed the elder sister to stay in the Infirmary at night with her, and by the time she was able to leave I had one little follower who was always standing near to be embraced, or to say, "I don't mind taking medicine at all now, do I?"

The greater part of the work was in preventive treatment. Every morning at breakfast the roll was called by tables, and the absentee's name given me. Out of the whole number the average was about three a day who did not report to meals. Frequently there was not one absent. Immediately after breakfast, armed with the thermometer, I went to the sick girl's room. It was most unusual to find an elevation of temperature. I generally sent the girl to the Infirmary, and if she had a sore throat, gave a gargle or some simple medication until the arrival of the doctor.

The doctor deserves a page to himself—a handsome, white-haired man whose smile radiates goodness. He is said to be a descendant of George Washington, and looks it. He has only sons in his own family, and each of these college girls seems in a special sense to be a daughter to him. He makes a daily morning visit, and says, "Why, my child, what has Miss — been doing to you to make you sick? Just give her a little headache medicine, Miss —, and some of those little white tablets, and don't fail to let her get up this evening so that she may be in school to-morrow, bless her heart."

After settling any sick girl in the Infirmary, I reported to the president. Then came a tour of the house to see that the plumbing was in

order. A jar of disinfectant was left in each bath room, that the maid might pour a small quantity into each sloop jar daily. I would go to the kitchen to find out the dinner menu, so that if there were nothing suitable for the sick I might prepare a soup or light dessert. Midway of the morning I attended a class in domestic science.

At noon I must be at my post to see any girl who might be taking a tonic. After dinner came the visit to the oculist or the dentist. These two gentlemen have offices in town, and scarcely a day passed that some girl did not have dental attention. Once a week I took a little group of seven or eight table girls into the village to shop.

Supper was at 5.30 P.M., followed by a short chapel exercise, conducted by the college Y. W. C. A. This organization is doing a fine work in the college. It supports one student in the school, forwards a number of good works, but above all its influence is felt in a religious way. My own education was carried on in the public school, and this was my first opportunity to see the working of a religious institution. In state schools, body and mind are trained, but the spiritual development is left to chance environment. In this school the threefold nature—body, mind, and spirit—are ministered unto. To see the fair president, so alight and youthful-looking, standing in the presence of the student body was a winsome picture, but to hear her words of wisdom, to feel the spiritual impulse that she gave, could not but make the students' hearts glow within them. Each teacher, each pupil felt the impress of that life, and daily resolved that by the help of God she would so live as to be a credit to the college and its president.

After chapel followed a busy half hour. Often eight or ten girls, for various reasons, wished to be excused from study hall. Here was an opportunity for nicety of judgment, for the application of nursing wisdom. Is the violent headache due to homesickness? Is the morrow's extra-hard lesson the cause of intercostal neuralgia? Mary B. has fallen in basketball and skinned her shin from ankle to knee. Polly M. is such an enthusiastic disciple of cleanliness that she has thrust a nail file into her toe. "Run along, children, and take to the presiding teacher the names of only *two* girls to be excused."

At 8.45 P.M. study hall was over and a small army would invade the Infirmary precincts. "Bessie, let me see your tongue—you must have a pill. Julia, here is a gargle. Jane, come to me before breakfast for salts. Josie, sit here while I put a greased flannel cloth on your chest. Mary, you must begin a tonic to-morrow."

It is all so simple—and yet the college health is the price of this eternal vigilance.

By 9.30 P.M. room bell and light bell had rung. Merry voices in the halls had ceased. On the bedside table lay the Bible and a late magazine—and that hour was my very own.

TYPHOID PRECAUTIONS

By HARRIET L. P. FRIEND

Medical Supervisor, Massachusetts General Hospital, Boston, Mass.

PREVENTION is the keynote of medicine and nursing nowadays. Nowhere is it more important than in the care of infectious disease, particularly when isolation is not possible as in open medical wards.

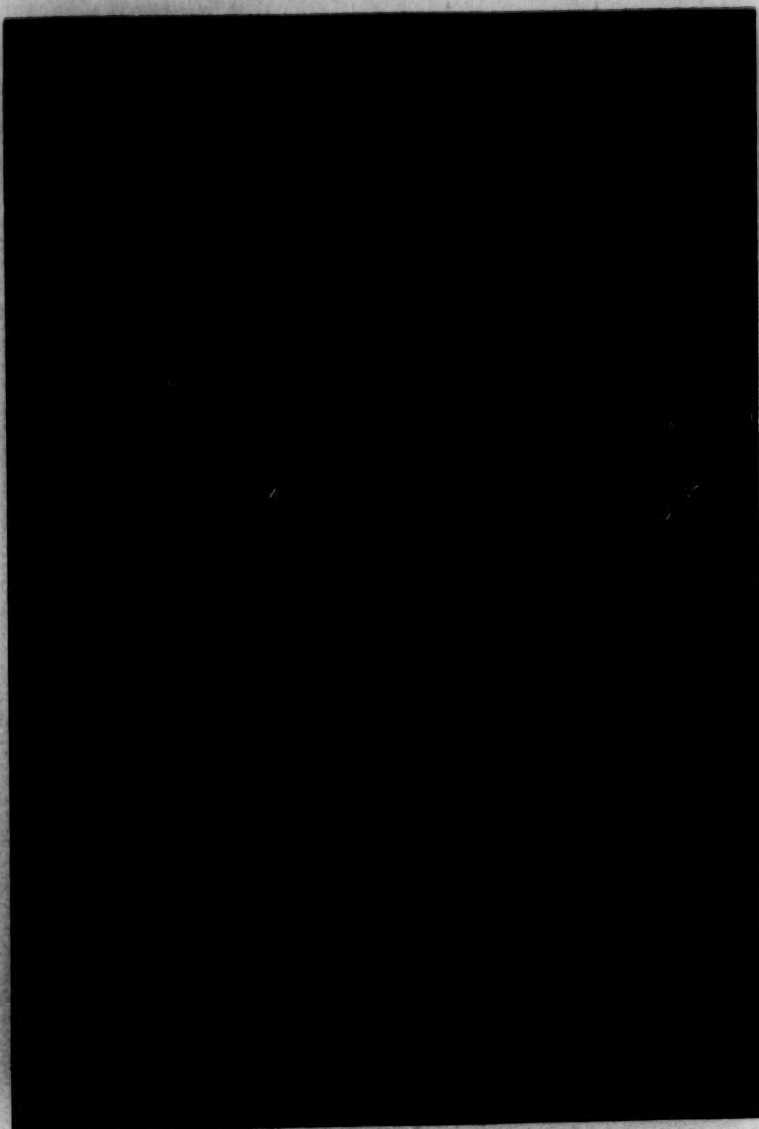
At the Massachusetts General Hospital, which labors under the necessity of caring for its typhoid fever in open wards, the following precautions for prevention of infection from these cases have been adopted and may be of some interest:

Nurses are required always when working over a typhoid patient to wear a gown which covers the uniform completely. They must also wear rubber gloves when giving these patients bedpans, mouth-washes, in fact, whenever it is possible to accomplish the work with rubber gloves on. These gloves are washed well with soap and water before being taken off the hands. The soap is kept specially for that use and the basin and water are sterilised.

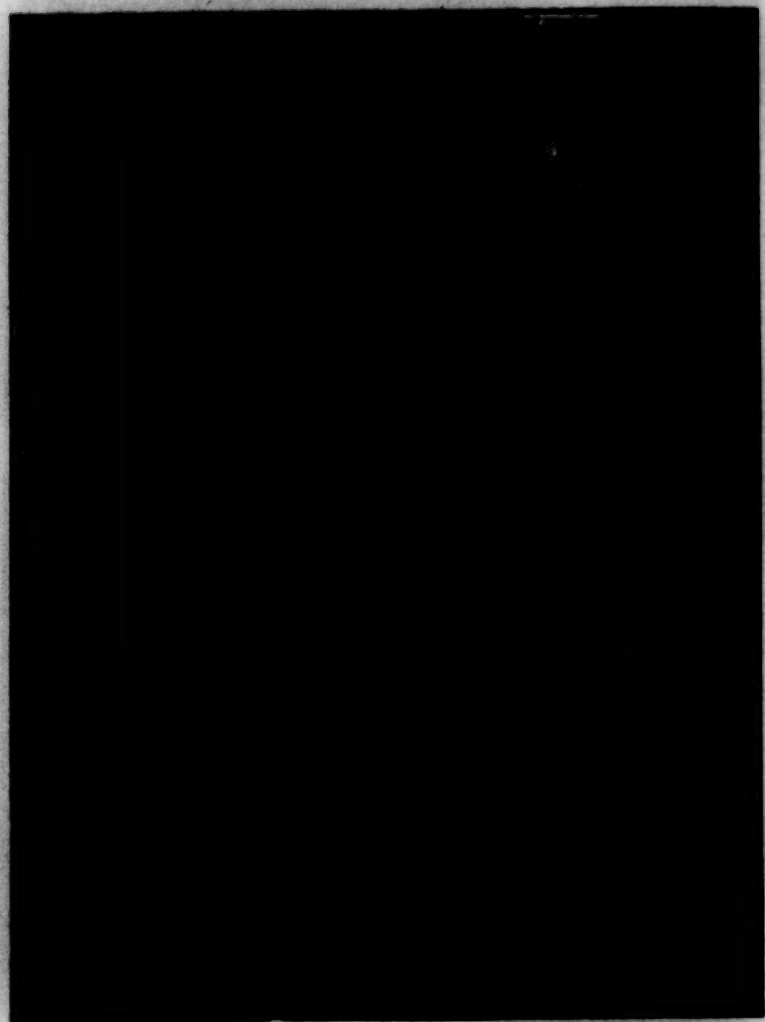
After being washed, the rubber gloves are kept in a solution of corrosive sublimate, 1-5000. All utensils used in the care of typhoids, as bedpans, urinals, basins, sputum-cups, are sterilised each time after use in a special boiler. This is closed at the bottom, a certain amount of water run in, the top closed, steam turned on, and allowed to boil for ten minutes. The steam is then turned off, the water run out, and the top opened.

Urine, feces, sputum, bath water, or water used to wash gloves and utensils, and mouth-washes are boiled in a special hopper. This hopper closes at the bottom by a lever before anything to be sterilised is emptied in; water up to a certain mark is run in, the top closed, and steam turned on. This is allowed to boil for ten minutes, then opened by the lever at the bottom, and the steam turned off, after which the hopper is well flushed.

In giving typhoid baths or sponges, the ordinary sea-sponge is no longer used. A special sponge has been devised. It is simply made of absorbent cotton between a double layer of sheet-wadding, covered with



STERILIZER FOR TYPHOID UTENSILS.



KITCHEN STERILIZED

gauze, and is about eight inches square. This sponge is boiled each time after using, and stands boiling very well.

After each meal, all the dishes used are sterilized for ten minutes in the kitchen sterilizers, which are operated in the same way as those used in the lavatory for bedpans, but a tablespoonful of sal-soda is added to each sterilizer full of dishes.

In making the beds, a clothes bag is carried to the bed-side, the linen is immediately put in it, is sprinkled with formalin, marked "typhoid," and carried to the rinse house for special washing. Pillows are protected by rubber pillow-slips. The rubber sheets and pillow-slips that have been used in baths and on the bed are well scrubbed with soap and water first, then with 3 per cent. formalin.

After a patient's discharge, the pillows and mattress are marked "typhoid," sprinkled with formalin, and sent to the sterilizing-room. The bed frame is scrubbed with soap and water and 2 per cent. formalin. It is intended to substitute some waterproof material that may be boiled in place of the rubber sheets and pillow-slips.

It may also be of interest to note that during the year 1910 Dr. Lesley H. Spooner carried out at the Massachusetts General Hospital several series of voluntary typhoid inoculations. Seventy-four nurses, nine house-officers, and six ward-tenders were inoculated. The vaccine is prepared in the following manner (quoted from an article by Dr. Spooner):

"The typhoid bacilli grown for twenty-four hours on agar slants are washed into a sterile tube, thoroughly shaken, and counted by the Zeiss blood platelet counter. They are then exposed in the water bath to the temperature of 53° C. for one hour, diluted with the necessary amount of salt solution in a small bottle, and sealed with a rubber nipple. Lysol, 0.25 per cent., is then added to prevent contagion. The vaccines of any strength may be prepared, but the most convenient is that in which 1 c.c. contains 400,000,000 bacilli."

These inoculations were followed by very slight discomfort, and, whether due to inoculations or precautions observed, or a combination of both, there was not one case of secondary infection from typhoid that year.

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

IN addition to the local committees already announced in the pages of the JOURNAL, we are pleased to report the formation of the following: Michigan, Detroit, Mrs. Effie Moore, secretary, 33 High Street, East; Battle Creek, secretary not yet appointed; Ann Arbor, Miss Antoinette Light, 344 South Division Street; Missouri, Kansas City, Mrs. D. Whitmer, chairman, 916 East Eighth Street; New York, Utica, Miss Anna O'Neil, chairman, General Hospital; Pennsylvania, Pittsburg, Mrs. A. L. Ford, chairman, Children's Hospital; Scranton, Miss Maude Robertson, chairman, State Hospital; Virginia, Norfolk, Miss Julia A. Mellichampe, chairman, 39 West Redgate Avenue. This makes in all 56 local committees, with over 1600 Red Cross nurses now enrolled, between 300 and 400 having been appointed since April 1, 1911.

Many calls have been received from state societies, alumnae associations, and training schools for some one to address nurses on Red Cross work. It has been impossible to respond to all of these requests, but it is most gratifying to note that in various sections of the country some of our representative women have kindly consented to present the subject of the Red Cross to assemblages of nurses in their own localities. It has been impossible to secure full reports of these lectures, but we have heard from time to time of Miss Mary E. Gladwin, chairman of the Ohio State Committee on Red Cross Nursing Service, telling the Sunday-school children of St. Paul's Church at Akron, Ohio, something of the purposes and achievements of the Red Cross, and speaking to nurses in Cleveland and Toledo. Miss Mary C. Wheeler of Chicago, Illinois, a member of the Illinois State Committee, spoke several times to nurses on a recent trip through the state. Mrs. Charles G. Stevenson of Brooklyn, secretary of the New York State Committee, addressed the New Jersey State Association on April 4 at Long Branch, and on Tuesday, April 25, she addressed the graduating class of the Presbyterian Hospital School for Nurses in New York. Miss Johnson, chairman of the Indiana Red Cross Committee, recently addressed the members of the Indiana State Nurses' Association at South Bend. Mrs. Tice has spoken several times during

the winter and spring, both in Illinois and Wisconsin, and Miss Blanchard was announced to deliver an address at Peoria at the meeting of the Illinois State Nurses' Association.

A full report of Miss McIsaac's tour of the country will be given at the meeting of the Associated Alumnae, and printed in the report of the proceedings.

We are hearing constantly of the interest awakened by these inspiring talks on the Red Cross work, and it is impossible to estimate the far-reaching results of these presentations of the subject in which we are all so deeply concerned.

The chairman of the National Committee has recently attended meetings of the state and local Red Cross committees in Philadelphia, and has spoken on the Red Cross in Philadelphia, New York, and Troy, finding in all of these places a most gratifying interest in the progress of the Red Cross work.

Two calls for nurses from the Mexican border have been received: one from lower California, the other from Douglas, Arizona. While later telegrams announced a change of conditions which rendered it unnecessary to send nurses, still these calls gave us an opportunity to test our system. In the first instance, the local committee of San Diego was called upon to secure nurses, and the next time the call was referred to the Los Angeles and Pasadena local committee. In both cases these committees responded promptly, expressing their readiness to undertake the selection and sending out of nurses. Money for the travelling expenses of nurses was telegraphed from Washington to Miss Wrigley, chairman of the Los Angeles and Pasadena Local Committee on Red Cross Nursing Service. During the uncertainties in regard to the Mexican situation it has given us a sense of great security to know that, scattered over the whole country from the Atlantic to the Pacific, were state and local committees ready to respond at a moment's notice to any call for service sent out by the Red Cross.

The National Committee on Red Cross Nursing Service has planned for a reception to all enrolled Red Cross nurses at the time of the meeting of the Nurses' Associated Alumnae, this reception to be held on Friday evening, June 2, 1911, from eight to ten P.M., at the Hotel Brunswick, Boylston Street, Boston, and it is hoped that many Red Cross nurses may be among the delegates sent to these meetings.

The International Conference of the Red Cross will be held in Washington, D. C., in May, 1912, and one session will be devoted entirely to the nursing service of various countries represented. Fuller details will be given later, but we are anxious to bring before the nurses in America

the following announcement concerning the Marie Feodorovna prizes which will be awarded at that time:

The Marie Feodorovna prizes represent the interest on a fund of 100,000 rubles which the Dowager Empress of Russia established some ten years ago for the purpose of diminishing the sufferings of sick and wounded in war. Prizes are awarded at intervals of five years, and this is the second occasion of this character. These prizes in 1912 will be as follows: one of 6000 rubles, two of 3000 rubles each, six of 1000 rubles each. The subjects decided upon for the competition are:

1. Organization of evacuation methods for wounded on the battle-field, involving as much economy as possible in bearers.
2. Surgeon's portable lavatories for war.
3. Methods of applying dressings at aid stations and in ambulances.
4. Wheeled stretchers.
5. Support for a stretcher on the back of a mule.
6. Easily portable folding stretcher.
7. Transport of wounded between men-of-war and hospital vessels and the coast.
8. The best method of heating railroad cars by a system independent of steam from the locomotive.
9. The best model of a portable Roentgen-ray apparatus, permitting utilization of X-rays on the battle-field and at the first aid stations.

It rests with the jury of award how the prizes will be allotted in respect to the various subjects. That is to say, the largest prize will be awarded for the best solution of any question, irrespective of what the question may be.

Further information may be obtained by addressing the Chairman, Exhibit Committee, American Red Cross, Washington, D. C.

CHARLES LYNCH,

Major, Med. Corps, U. S. Army, Chairman, Exhibit Committee.

NURSING IN MISSION STATIONS

[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

AN OPEN LETTER TO NURSES INTERESTED IN MISSION WORK

I HAVE taken the AMERICAN JOURNAL OF NURSING for the past year and have seen many accounts of nursing work done in hospitals. I would like to give a few particulars of hospital work in United Provinces, India; and would like to ask if any of those nurses who are looking out for posts as superintendents of hospitals would come to a Mission Hospital like the one I have been working in? In Victoria Hospital, Benares, we have 16 nurses and compounders and there are 70 beds in the hospital. The Indian girls come to us at 18, they are nominally Christians and come to us from mission schools and orphanages. Sometimes 200 girls are under the care of one English nurse, Miss Sahiba, so they cannot get much individual attention. The Indian girls are quick to learn, very affectionate, cheery, and easily do what they have seen done once, have excellent memories, and learn by heart quite easily. They need, however, great care and watching, and are always in dangers from one side or another. They have not been used to the freedom they are obliged to have in their nursing work, so like school girls need watching, stimulating, reproofing, encouraging, and more than all the Christ spirit to teach them to work well.

Our hospital is *pardah nashin*, i.e., hidden from the eye of strangers, and no man is allowed inside except at visiting time, which is once daily, when all our patients' beds are surrounded by curtains drawn completely round their beds. Women in India are not so strong as we are, and many a fight has to be gone through for their lives, but they have great faith in our praying for their sick ones and some we know of, have made marvellous recoveries. Our lectures to nurses and all teaching must be given in Hindustani, or Hindi and Urdu together, and a year is generally allowed or longer if needed, for the missionary nurse to learn the language. All nursing classes, midwifery, and hygiene, and all but dispensing is taught by the nursing superintendent, of whom there is only one in each hospital.

Examinations are held twice a year, when a chosen nurse superintendent from some other hospital comes to our hospitals to examine our nurses.

When patients are admitted, one friend, or *rishtidar*, is allowed to stay with them, and if they have a private room, another is allowed to cook their food on the small verandah at the back.

Zenānā means a woman or a family, a girl, up to 6 years old, has the freedom of the house and a lovely time and is spoiled by all her relatives. After her sixth birthday she is hidden with the other *purdah* naahin ladies until her marriage, when she pays a short formal visit to her husband's family, coming back to her own home for a few years to get grown up, and often at about 10 she goes to join her husband's family and live there.

We are greatly in need of nurses and want three to join us in the above mission for three hospitals. I am going out in October, if any nurses, fully graduated and having their midwifery and some knowledge of dispensing would like to go there with me, I can write to them full particulars.

The Zenana Bible Medical Mission pays their voyage out and returning, after 5 years, also allows them money sufficient for an outfit, and a salary quite sufficient to cover expenses there. Of course a missionary nurse is essential.

Zenana Bible Medical Mission Offices,
Kings Chambers, Portugal St.,
Kingsway, London.

I RESPECT the dandelion most because it is the universal flower, and its cheerful face greets worn and weary men in places where none other attempts to grow. It follows the snow line on the Andes; I have found no other flower in Tierra del Fuego; it abounds in the South Pacific Islands and brightens the gloomy desert of Gobi on the "Roof of the World." You can find it in every gorge of the Himalayas; it grows upon the Mount of Olives, and the Peak of Ararat, and reaches its largest size under the Midnight Sun in Spitzbergen and at the summit of the North Cape. It smiles upon the just and upon the unjust, sets us all a good example by doing its duty cheerfully and faithfully, regardless of climate and conditions.

WILLIAM E. CURTIS.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

PLANS FOR THE COLOGNE CONGRESS

ALTHOUGH, during the next six months the president of the International Council of Nurses will be in hiding in Switzerland, finishing the translation of volume 2 of Nursing History, and the secretary will likewise be concealed in a retreat in the country with only one mail a day, getting the third volume into shape for the printer, yet the plans for the coming congress are shaped and ready for general announcement, though details may of course be left until next winter.

The congress and regular meetings of the International Council will be held in August, the precise date not fixed. By courtesy and special consideration of the mayor of Cologne, the meetings will be held in a sumptuous and beautiful mediæval building, called the Gürzenich. It was built by the town council in the fifteenth century as a centre in which to entertain distinguished visitors, and was first used for a magnificent festival in 1475, in honor of the Emperor Frederic III. In the middle of the last century it was thoroughly restored. The nurses' congress will, therefore, have the honor of being set in a noble and historic background, and if, as we hope, the exquisite pageant of nursing evolution of the British nurses shall be reproduced there, with the participation of the German sisters and doctors, the illusion of the days of yore will be indeed perfect.

In preparing the programme for a congress the special lines on which we may be useful to the nurses of the country we are in, is always the most prominent guidepost. Indeed, it may well be repeated, often, that the vital reason for our international meetings is, not by any means, as some may lightly assume, to have a glorious jaunt, neither is it that we may come home self-satisfied and with complacent criticisms of that which is different in other countries from our own, but it is, pre-eminently, *that we may help* and encourage the nurses of other countries, who have our own same problems and are fighting on the same side that we fight, but do so often under a much heavier handicap than we have in our younger country.

Those who fail to realize that we Americans go, as a re-enforcing army, to strengthen the position of our allies in their campaign for a higher civilization, fail entirely to grasp the elementary meaning of the idea "internationalism."

There are two special lines on which we may usefully uphold the Germans' hands and strengthen their constructive work: one is by giving special emphasis to all the new lines of social service for nurses, and the other is in giving consideration to the modern development of nursing by religious orders. On the first topic we intend to make a showing of all the new paths followed by nurses in all countries in the preventive work growing up to overcome disease, alcoholism, the social evil, degeneracy, infant mortality, childish feeble-mindedness and defectiveness, and adult poverty through sickness. It is not, of course, intended to give all these vast subjects thorough study, but to show what nurses are doing in each line of social regeneration and disease prevention. To do this systematically and without overlapping we shall ask the national associations of nurses in each country to gather the data, and weld all together in one report. It may be asked: "Why is this especially useful to Germany? Is not that country already far ahead of most others in preventive work?" She is, but she has not drafted nurses into her splendid social structures as largely as she might and can do. One reason for this, no doubt, lies in the greater difficulty that European nurses have in initiating experimental demonstrative lines of work on their own volition.

On the second topic there is this of importance, the Catholic nursing orders of Germany, as every one knows who has visited their hospitals, are highly efficient, practical, hard-working nurses. They do not only supervise, but actually do the ward work themselves, and in some of their large hospitals (as at Munich) not a servant nurse is to be seen. They possess the housewifery cleanliness of the German Frau, and are, moreover, very progressive and desirous of advancing with the times. Like our Catholic orders at home, for instance, they have supported the State Registration movement and have willingly met its requirements; but they have no secular schools for training nurses, and, with the present economic pressure of a machine-made industrial world, it is simply impossible for them to expand rapidly enough to meet needs. The crying trouble in Germany is its shortage of nurses. It has not nearly enough, and the consequence is that those in the field are in a constant state of being worked to death. Especially among the Catholic orders are the morbidity and mortality excessive, and this rests chiefly on overwork. The German officers of the Council feel that, if papers

and demonstrations of method can be brought to Cologne by those Catholic orders of the U. S., Canada, and Ireland, which are successfully maintaining secular schools for nurses, and are helping to supply the demand for professionally trained women who, though they may be of one religion, do not feel called to or able for the convent life, but wish to work as self-supporting nurses, the results might be very satisfactory.

Secular women cannot do this service, for in planning for a secular school in a religious order there are many details which can only be dealt with by those who are of the order. We hope, therefore, that our coming congress may see Sisters of Catholic or Anglican nursing orders taking an active part, those of the new world encouraging those of the old to take new steps.

As the modern nursing movement is recognized, in Germany, as an important part of the woman movement, we shall again have resolutions offered dealing with the present handicap of political inferiority, and, as Germany has not yet protected the invalidism and old age of her nurses as thoroughly as she has for other workers, a resolution will also be heard dealing with this question.

Several new countries will, we hope, come into membership, and it is possible (though this is not a flat statement) that an international memorial to Florence Nightingale may be talked of.

The first report of the committee on nursing education, of which Mrs. Robb was chairman, will be made. It will deal with preliminary training.

LAUVINIA L. DOCK, *Secretary*,
International Council of Nurses.

ITEMS

THE April Journal from India says: "At the annual meeting of the Mysore Medical and Sanitary Association held at the Victoria Hospital, Bangalore, in April, 1911, it was unanimously resolved that a brass mural tablet be erected in that institution to the memory of its eight nurses, European and Indian, who were among the victims to the pneumonic plague outbreak last year. The Principal Medical Officer, Dr. Armugam Mudliar, and the Resident Surgeon, Dr. Nanjappa, have independently arranged to have photographic enlargements of the late nurses hung up in the common sitting-room of the Victoria Hospital."

THE nurses of India are preparing to found a memorial to Miss Thorpe, whose death by an accident took from them a beloved leader, full of inspiration in all their works.

In an article on Women's hospitals in India in the *Nursing Journal* there is this remarkable item: "The Begam of Bhopal has tried an interesting experiment of child nurses. I understand that in Bhopal there is a class of 10 or 12 nurses all under 13 who are taught to give medicines and attend to the patients. When they marry they are more useful to their husbands than if they had not been trained—and if they become widows—they can then complete their training and earn their own living. It certainly seems a good idea. Think of being ill and being nursed by a charming and amusing infant of eight—one would get well or die at once!

"The Resident Surgeon on seeing the new nurses at Bhopal is reported to have expressed surprise that they were not taken from the cradle and trained in the way they should go—it seemed a pity they should have waited to walk."

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

THE following "Alphabet of Health," written by one of the Chicago Municipal Tuberculosis Nurses, was printed on postal cards for distribution at the Chicago Child Welfare Exhibit held in that city for two weeks in May. Rather than make the alphabet too full of gloomy forebodings, the writer has worked into it the idea of health and what makes children healthy, rather than too many "Don'ts" and "Antis." Copies of this postal may be obtained by nurses interested in it who will write to the editor of this department, Room 1513, 105 West Monroe Street, Chicago.

AN ALPHABET OF HEALTH

BY JANE FLANAGAN,
Visiting Tuberculosis Nurse, Chicago, Ill.

- A—is for Adenoids, which no child should own
- B—for right Breathing, to give the lungs tone
- C—is for Coughs, which we should not neglect
- D—for the Dentist who finds the defect
- E—is for Evils of foul air and dirt
- F—is for Fresh Air, too much cannot hurt
- G—is for Gardens where boys and girls play
- H—is for Hardiness gained in that way
- I—is Infection from foul drinking cups
- J—is for Joy in the bubbling taps
- K—is for Knowledge of rules of good health
- L—is for Lungs whose soundness is wealth
- M—is for Milk, it should always be pure
- N—is for Nurses, your health to insure
- O—is for Oxygen, not found in a crowd
- P—is for Pencils—in mouths not allowed
- Q—is for Quiet, which sick people need
- R—is for Rest, as part of our creed

S—is for Sunshine to drive germs away
T—is for Tooth Brush used three times a day
U—is for Useful Health Rules in the schools
V—is the Value of learning these rules
W—is Worry, which always does harm
X—is Xcess—indulge in no form
Y—is for Youth, the time to grow strong
Z—is for Zest. Help the good work along.

ITEMS

THE twenty-fifth annual report of the Philadelphia Visiting Nurse Society, Margaret Lehman, R.N., superintendent, is an interesting statement of good work accomplished and planned. The work of this society was started in 1886 with one chair, one table, one room, one nurse, and \$100. The staff now consists of thirty nurses, six working for the Metropolitan Insurance Company, and four nurses for special summer work in child hygiene. The following quotation tells its own story:

"Trying to teach an ignorant mother how to care for her baby is no easy task, especially when she has had several others, and seems to think she knows all there is to know concerning such a small thing, but the nurses never forgot that patience was the keynote to it all, and the results were more, much more, even than had been hoped for. Statistics show that there was 40 per cent. decrease in the death-rate of infants, as compared to that of last year in the same district, and when it is remembered that the campaign was the first great attempt in this particular work, that it was an experiment of only four months, that it dealt largely with the foreign element, who could speak almost no English, and that ignorance, poverty, and superstition reigned supreme among them, we wonder at any results in so short a time."

Three nurses are doing tuberculosis work; one is endowed by Mrs. W. F. Jenks, as a memorial to William Furness Jenks.

From June 1 to October 1 two special nurses are supported by the Bureau of Municipal Research for special work in child hygiene. The society supports two special nurses for the same work. These four nurses devote their entire time to the infants in four of the most congested wards of the city. The Starr Centre Association supports one nurse for six months each year. The society hopes in the near future to take up factory work. It is trying to provide a better building for the nurses' use, and of the \$35,000 asked for, \$20,000 has been subscribed. The home, which will be occupied in November, will be on the old site, 1314 Lombard Street.

THE annual report of the Richmond, Virginia, Instructive Visiting Nurse Association is another splendid account of work well initiated by a visiting nurse association. A nurse was loaned to the public high school for three months, and at the end of that period the City Fathers decided that the work could not be included in the budget, so she was withdrawn. Public indignation waxed so hot, however, that a special ordinance was passed in the summer, creating the position of nurse for the high school. The association also loaned a nurse to the schools of Manchester, across the river, to help in the medical inspection work done by six young volunteer physicians. As a result, the Manchester School Board has asked the Council for two medical inspectors and four nurses. The report of the superintendent breathes co-operation, to the extent of wishing to loan a nurse to relieve at Pine Camp, a colony for tuberculosis patients, where many of the cases discovered by the visiting nurses are sent. It is this spirit of co-operation, felt so strongly throughout the entire report, that makes a visiting nurse association a strong influence for good in the community, and it is frequently because of the lack of it that some organizations are handicapped.

THE Sanitary Department has detailed two nurses from the Colon Hospital staff to the duty of district nursing in the poor sections of the city of Colon. The attention of the department had been directed to the high rate of infant mortality in that city, and investigation showed that it was due mainly to ignorance on the part of the mothers in caring for them. For convenience of administration, the city has been divided into two districts, and each nurse makes daily visits to the homes in her district where there are mothers with infants and young children, giving instructions in feeding, and preparing food for the babies, bathing and dressing them, and in the care of the sick. The department has issued a little book in Spanish and English for distribution in the city, containing simple rules for the care of infants and children. The work is under the direct supervision of the health department in Colon.—*Canal Record*, Ancon, Canal Zone.

THE Eleventh Annual Report of the Concord (N. H.) District Nursing Association tells its own story of much needed work well done. The Association was in a measure responsible for the employment by the Board of Education of a School Nurse, as its loan of a nurse to the schools for three months the previous year had so ably demonstrated the need of a regular School Nurse and school inspection. Close co-operation between the nurses and the secretary of the Charity Organization Society made the two associations more than mutually helpful.

SARAH HELBERT, R.N., completed in February the report of her first year's work in the public and parochial schools of Cincinnati, in all she gave lectures before 130 schools, clubs, and factories. After each lecture tuberculosis circulars were distributed, and it will be impossible to estimate the enormous amount of good these lectures must have done.

The superintendent of the Carthage public schools sent the following note to the officers of the Cincinnati Anti-Tuberculosis League:

"There has not come to our schools anything which has been of more practical value to the children than these talks on hygiene and the prevention of tuberculosis; they should be given in every school in the community.

"Miss Helbert visited the various departments of our public schools and gave to the pupils the most interesting and instructive talk on hygiene which I have ever heard. Her talks deal with the every-day practices of life and point out, in an alarming manner, the dangers that lurk on every hand."

SEATTLE, Washington, sends an interesting report of the Anti-Tuberculosis Work of King County, Mrs. Bessie Davies, supervising nurse.

Seattle is a widely spread city, and the time spent waiting for and on cars seemed endless, but considering that time is also given to dispensary work the amount of outside work is especially commendable.

The following quotation from Mrs. Davies's letter shows that the tuberculosis situation in Seattle is not unlike that in other parts of the country.

"Our relief department is continually being drained, but like the widow's cruise there is always a little left and we have never had to turn away a case yet. Our funds as far as we could see, might be lacking, but, unlike Mr. Micawber, who always waited for something to turn up, we went out and hustled and something did turn up.

"There is no hospital accommodation outside of the County Hospital that admits advanced cases, and the sanatorium alluded to in the report is a private sanatorium for improvable and curable ones, so many of our advanced cases are being cared for in the home."

THE first report of the Lexington and Fayette County, Kentucky, Association for the Prevention of Tuberculosis has been published and of particular interest is the Report of the Supervising Nurse, Chloe Jackson, R.N., Mercy Hospital, Chicago.

"The five months' work was principally that of making investigations and the securing of necessary supplies for carrying forward the work—such as charts for the dispensary work, files, literature to be placed in the hands of patients, the printing of circulars for school children, the securing of literature through the State Board of Health for distribution to the general public and the fitting up of offices for headquarters.

"One week in August was spent in conducting an exhibit at the Blue Grass Fair. During this time many circulars on tuberculosis were distributed."

Miss Jackson went to Lexington last August; no field tuberculosis work had been done and she may well be proud of this five months' record. Having finished the course of lectures in the public schools of Lexington, Miss Jackson is now working in the county schools, which will necessitate driving about 500 miles before all are covered.

AFTER June 1 the address of the nurses of the Chicago Municipal Tuberculosis Sanitarium, Out-Patient Department, will be 1513 Fort Dearborn Building, 105 W. Monroe Street, Chicago.

The staff has recently been increased to twenty-one nurses, and the results of the Civil Service examination held in March have been alike gratifying to friends of Civil Service Reform and to the friends of the work itself.

The work of the tuberculosis nurse is daily growing in interest and in responsibility, and the Chicago tuberculosis nurses take this opportunity of inviting old friends and all nurses who become friends of the movement to visit them at any time in their new quarters in the Fort Dearborn Building. The latch string is always out for the nurses, and the dispensary system and work always open to their inspection.

As a large number of visiting nurses will be in Boston at the time of the Associated Alumnae meeting, it will be of great advantage to hold an informal conference on this special branch. The time and place is to be announced later. Any one having special suggestions for this meeting may send them to Miss Fulmer, Chicago.

THE annual meeting of the Connecticut State Association of Visiting Nurses was held at 200 Orange Street, New Haven, Conn., April 25. The following officers were elected: president, Martha Ball, Middletown; vice-presidents, A. H. McCormac, Hartford, Henrietta VanCleft, Lakeville; secretary and treasurer, Mary Grace Hills, New Haven.

The Hartford Visiting Nurse Association is co-operating with the Hartford Dispensary in the care of sick babies. A milk clinic has been established, where milk can be procured and instruction in preparing feedings given to all cases sent from the dispensary. The association also plans to co-operate with the Babies' Hospital this summer in the after-care of all patients discharged, in order to prevent the recurrence of disease.

The New Haven Visiting Nurse Association has added a visiting housekeeper to its staff, and finds the experiment very successful.

SIMULTANEOUSLY with the announcement of its next annual meeting in Denver, June 20 and 21, the National Association for the Study and Prevention of Tuberculosis presents statistics which show the results of the crusade against consumption in the United States for the last ten years.

The seventh annual meeting of the National Association in Denver will be held just before the annual meeting of the American Medical Association in Los Angeles. The tuberculosis workers' convention will be divided into three sections under the direction of Dr. William H. Welch, of Baltimore, president. Dr. William Charles White, of Pittsburgh, will be chairman of the Advisory Council of the association, which will meet at the same time. The three sections are, the Sociological, with Alexander M. Wilson, of Philadelphia, as chairman; the Clinical, with Dr. Charles L. Greene, of St. Paul, as chairman; and the Pathological, with Dr. William Ophuels, of San Francisco, as chairman. The report of the executive secretary, Dr. Livingston Farrand, will be incorporated in a statement of the results of the crusade against tuberculosis in the United States for the last ten years, which will be transmitted to the International Congress on Tuberculosis in Rome, next September.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE TREATMENT OF WHOOPING COUGH.—Dr. Carlos L. Henriquez says in the *New York Medical Journal*, that whooping cough still ranks first among the infectious diseases in its mortality in children under seven.

He has found a mixture of syrup of squill, three drachms, compound syrup of cocillana, four ounces, very efficient. To one to two years old children he gives fifteen drops, from two to three years, twenty-five drops, from three to four years, forty drops, over four years a teaspoonful; dose to be repeated every four hours. He says this treatment will result in a cure in the most severe case in from four to twenty-one days. Vomiting is rare after the first week and bad nights the exception. He has at times gradually increased the original dose until it was doubled. Each patient demands careful watching; the dose being increased or diminished according to the symptoms.

DEATH BY FIRE.—The *New York Medical Journal* says: Unnecessary anguish of mind has probably been felt by relatives of the unfortunate workers who were killed in the recent fire on Washington Place by reflection on the supposedly agonizing pain caused by such a death. Where, however, a great bulk of highly inflammable substances is quickly consumed in a closed space, the result is the production of large quantities of carbon monoxide. This gas, it is well known, combines with the hæmoglobin of the blood to form a bright scarlet compound that refuses to combine with oxygen. The result is a speedy and probably painless asphyxiation, before the flames have had a chance to attack the bodies of the victims. It is extremely difficult to resuscitate those who are perishing in this manner. The mental suffering undergone by those who were attempting to escape had, however, no mitigating circumstances.

THE RELIEF OF PAIN IN ACUTE OTITIS MEDIA.—Dr. J. D. Thomson writes to the *Medical Record* that the following treatment has given excellent results in the relief of pain arising from congestion of the middle ear occurring in the course of acute otitis media. A solution of magnesium sulphate, three drachms, in one ounce each of distilled water and

glycerin is warmed and poured into the external auditory canal and retained there for ten or fifteen minutes. The relief in most cases is immediate, and in not a few cases the inflammatory symptoms disappear without further treatment. Its action is due, in a large measure at least, to the exosmotic properties of the solution. The general practitioner may find this method of treatment serviceable.

DROP METHOD OF GIVING ENEMAS.—Dr. J. E. Cannady, in a paper on rectal enemas of normal saline solution, in the *Journal of the American Medical Association*, says: "The container should be hung so that the solution is 8 or 10 inches above the level of the rectum. The most simple means of inducing the fluid to flow drop by drop is not a hæmostat but a hairpin and a match. An ordinary wire hairpin is passed about the rubber tubing so that one of its prongs extends on either side; the free ends are secured from spreading apart by a twist of the wire with the fingers. Three or four wooden toothpicks, or a match trimmed down to a wedge-shape point are introduced between the wire hairpin and the rubber tube and gently pushed in until the flow is just as desired.

A NEW SYMPTOM IN SCARLET FEVER.—The *New York Medical Journal* says: Pastia, of Bucharest, describes a new sign in scarlet fever which, if it is of constant occurrence, will prove of as great diagnostic value as Koplik's spots in measles. This symptom consists of transverse lines, usually two or three, in the fold of the elbow. They are of a rose red hue at first, but in a few days turn red or wine colored. In the severe cases they are ecchymotic. Between the lines the erythematous eruption characteristic of scarlatina is seen. Similar lines have been observed in the axilla in a few cases, but they are of less intense color and of shorter duration in that situation.

These lines are visible before the appearance of the rash, remain throughout the eruptive stage, and persist as lines of pigmentation after desquamation is completed. Pastia found this symptom present in ninety-four per cent. of the cases of scarlet fever in the hospital for contagious diseases in Bucharest. As far as his experience goes, it is absent in the other exanthemata and in all forms of drug rash. If the danger of contagion is greatest during the tonsillar stage of the disease and not during the period of desquamation, as was formerly thought, any symptom which will aid in establishing the diagnosis before the appearance of the rash will be of great value in preventing the spread of the infection.

CURRENT LITERATURE OF INTEREST TO NURSES.—*New York Medical Journal*, April 1, "Modern View of Antiseptics and Germicides"; Editorial, April 8, "Address to the Training School for Nurses, New York Hospital," George L. Peabody, M.D.; April 15, "Evidences that the School Nurse Pays," S. W. Newmayer, M.D.; April 22, "The Starnook and the Window Tent, Two Devices for the Rest Cure in the Open Air and for Outdoor Sleeping," S. Adolphus Knopf. *Medical Record*, April 1, "What is Rheumatism?" Herbert C. de V. Cornwell; April 15, "Sterilization of the Skin by a New Iodine Solution," Ellirc McDonald, M.D. *Journal of the American Medical Association*, April 22, "Treatment of Stuttering," E. W. Scripture; "Prevention of Pulmonary Tuberculosis"; April 29, "Considerations in Management of Pulmonary Tuberculosis."

ADDRESS TO THE NURSES OF THE TRAINING SCHOOL OF
THE NEW YORK HOSPITAL

BY GEORGE L. PEABODY

THERE is another view of your usefulness to which I have not seen allusion anywhere. I am thinking of the *results* of your help to the doctor in the study and solution of his problems. It seems to me that her share in the advancement of medical knowledge has never been fully accorded to the trained nurse. For all of our information as to the symptoms presented by the patient in the intervals of our visits we must rely upon your powers of observing and your skill in recording your observations. You must fill many a gap in our experience of the patient's condition; much of our knowledge of daily, hourly changes in his disease could not be acquired without your assistance; our study of his malady would be but fragmentary and disconnected if you were not here to help us.

When I look back upon the years of my medical life in which I worked without you, and the other years when you were present in very small numbers, I wonder how I got along at all in certain very serious situations. Conditions of those days rendered the doctor's duties much more arduous, of course, and the patient's sufferings much less endurable; and they certainly rendered the present day careful study of disease and present day results quite impossible of attainment. It would not be possible to say how much or exactly what has been contributed by nurses to the advance in clinical knowledge which has of late years been so rapid; but for my part I wish to accord you your full share.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

A PLEA FOR EQUAL RIGHTS

DEAR EDITOR: I have been a reader of the AMERICAN JOURNAL OF NURSING from the first issue, have been very much interested in your editorials, and have learned a lot. In your description of the different kinds of nurses who are the great problems of the nursing profession, you leave the Pharisee nurse until the last, calling her the worst,—there is one class much more to be despised and dreaded, who is wrecking the profession although she pretends to be working for its best interests,—I refer to the political wire puller, who is growing more in evidence every day.

Many new fields are opening to nurses, which they are urged to enter, and the private duty nurse starts out to see what she can do, not knowing the conditions. A nurse who has put in ten years of hard work, that have been a credit to herself and her school, may go up for examination and find herself in competition with a woman who has been an attendant, without a day of real training, who yet stands a better chance because she has a politician behind her, and the political wire-puller who examines the papers must please the politician to whom she owes her own position.

Training schools are looking for the best class of women for pupils, but the applicant leaves a home and circle of friends where she has been respected and finds that from first to last during her training she is under the big stick rule. If she takes up institution work after graduation, she employs the same methods that have been used with her,—hence the Pharisee nurse. The pupil seeking private duty continues under this treatment to the end. [No matter how much she is instructed in her duty to her profession, she knows the same women who held the big stick over her manage all the public affairs of nursing. She is so anxious to get away from such ruling that she goes her own way, works up her own clientele, and very soon does not register at her own school. The doctor knows her worth and keeps her busy. When asked why, she replies, "No more big stick for me."

When the Associated Alumnae was started it was stated that it was an organization for the private duty nurse, but for some years past it has been almost impossible to elect a private duty nurse as delegate to the annual meeting, for the wire-puller wants to keep the big stick rule. The argument always is that we must send some one who can represent us well. A superintendent is sent. She cannot represent the private duty nurse, possibly she has never been one herself, but the wire-pullers get together and she has a fine trip, expenses paid by the membership, and the same situation continues. [It has always been hard for the private duty nurse to take part in organization work, for when she gives her time, her income stops, while the superintendent's salary goes on just the same.]

The cry of all the alumnae associations is, Why do not the young graduates come in? Why this wave of indifference? It is not a wave of indifference but a quiet demonstration that the private duty nurse is no longer under the wire-puller or the big stick. The labor unions treat their members better and respect their rights. The leaders of the nursing profession are the last to wake up to the fact that outside of the particular job they are paid for they have no more rights than the last graduate. It is hard to understand why such intelligent women do not show more respect for the rights of others. The private nurses who are quietly ignoring the wire-puller and the big stick are like children who have grown up in spite of their parents.

ALWAYS A PRIVATE DUTY NURSE.

STERILIZATION IN THE HOME

DEAR EDITOR: I take great pleasure in reading the AMERICAN JOURNAL OF NURSING and look forward each month to the new number. I am a private duty nurse and would like to know some of my sister nurses' methods of sterilization of goods in private homes.

In preparing for an operation in a private house when the surgeon does not bring his own sterile goods a great responsibility rests with the nurse.

May I hear from some of you?

A. M. L., '09.

TALKS TO SCHOOL CHILDREN

DEAR EDITOR: Your suggestions are very helpful, and though I have been kept from giving the talks I wrote you of, on sex questions, etc., I hope to be able to work up to it some day. I feel that I don't want to "rush in where angels fear to tread," so am gathering the material with which to saturate myself, as you suggest. I shall watch with interest what may come out from time to time in the JOURNAL regarding this subject.

The last JOURNAL was a particularly helpful one to me, the articles all being so very practical and up-to-date, and that's what we most need, it seems to me. I do not know which article appealed to me most, all were so good. We all want to know more and more concerning infantile paralysis, so I was very glad of that article, also the one on pneumonia.

I am always glad too of suggestions for the entertainment of the convalescent children. I usually try to get them to manufacture as many of their own playthings as possible. We've made our own checker boards, etc.; and the puzzle games are easily made. The pasting of pictures on cardboard, or paste board, and cutting into irregular shapes is very easy and proves enticing often—oftentimes more easy than the later fitting together of pieces.

I have had two patients with deep fissured nipples who have suffered untold agonies while nursing their babies. I think perhaps—am hoping—that the fault lay in that care of nipples was not started early enough. One who is pregnant again is starting in early with the simple cleanly care—using something to soften any secretions at night, and washing with soap and water in the morning. Do you think she should use anything to harden them? Some authorities say one thing and some another.

M. T. M.

AN ENDLESS CHAIN

DEAR EDITOR: I have received an "endless chain letter," asking me to send ten cancelled stamps to some one in New South Wales, and to make copies of the letter to send to other persons who are to do the same. The letter is written in behalf of a children's ward which needs funds and asserts that if 5,000,000 cancelled stamps are sent within a specified time, enough money will be raised to admit more children.

I have sent copies of the letter, as requested, but would very much like to know about the same. Perhaps I am ignorant, but I cannot see how cancelled stamps in Australia can build a ward.

A. W.

[The post-office department of Rochester informs us that it knows of no value in cancelled stamps except that, among five million, there might be a few of rare date or kind which might have a money value for collectors.—Ed.]

A COURSE FOR THE "SOCIAL NURSE"

DEAR EDITOR: With the end of the college year in sight, and also the terminating of the first year of the course given at Teachers College, N. Y., in "District Nursing and Health Protection," the writer wishes to express her gratitude to those members of her profession who have by their endless forethought and energy made it possible for graduate nurses to fit themselves for social and district work. Also, at the same time she wishes to show her appreciation of having been one of the fortunate persons permitted to take the course, and to answer a question which has been asked time and time again by others, viz., "Is it worth while?" This her readers must answer for themselves after reading this short outline which is but a poor attempt to portray the fulness of a course which has been of such great value to one of its students. In September, 1910, through the munificence of Mrs. Helen Hartley Jenkins, Teachers College, Columbia University, was able to create a new course in the Department of Nursing and Health, known as District Nursing and Health Protection, which is designed to prepare graduate nurses and others for the various fields of social, preventive, and educational work to which they are constantly being called and for which as yet little or no adequate training has been given. (Nurses are to be congratulated that they were the first to see the crying need of a broader preparation than the hospital training schools have as yet supplied; although there is a rather wide-spread improvement in their curricula within the last few years, the evolution of which must surely be brought about, I mean that of training their nurses to the "social aspect" of their patient's life. The need of the trained nurse has never before been so clearly indicated as it is to-day in the many branches of preventive and health work, and nurses ought not to let their chances slip by. Their hospital training makes a splendid foundation for this field, but needs further building upon, and it is with this superstructure that the administrators of the department of nursing and health are engaged. Their plan is to use this solid and necessary groundwork as a basis for the building of the social nurse, who will thereby be equipped for the field, not only with the narrow view of life obtained from her hospital but with the broader aspect which takes into consideration all that relates to the patient's welfare.)

In order to obtain this view the nurse must know the national characteristics of the various races with which she will come in contact which she must

recognize if she is to be a successful worker and friend. Combined with this she must know the various charitable and philanthropic agencies with which she will be obliged to co-operate. Laws of state and city must be familiar to her, and a thorough knowledge of the various allied activities going on around her and the people conducting the same. It is with this idea that the course has been mapped out.

The midyear examinations are past and the final ones are in sight, and when one realizes that, for the time being at least, college days are nearly over, the fact brings much regret; and more than one member of the class is taking away with her the troubled thought, "Shall I be able to come again?" This in itself answers the question, Has it been worth while? Even for such a brief time one cannot but feel the effect of the wholesome atmosphere of Teachers College, with its large body of students and the influence of the various professors, whose sole interest in life seems to be to help their students. No one can live there without becoming a very different being and carrying away with her a changed aspect of life. Nurses with their previous inelastic training are often slow to appreciate its freedom and privileges. I am glad to say they finally do, and on the whole recognize its value and see how much more effectual their services can be to their patients, whether in the ward of the hospital or in the private home. Each case becomes a living individual's, whose interests and care extend beyond the narrow walls of the ward.

A. R. O.

THE RESPONSIBILITY OF THE NURSE TO HER PROFESSION

DEAR EDITOR: There are many who think that on the day of their graduation the victory is won, but the battle has not been fought, it has but begun. They have but completed their training, which means a "preparation."

Upon our graduation day a newer sense of responsibility takes possession of us; we realize that ours is perhaps the most responsible of all work, being, as it is, a battle between life and death. Time and money can rectify the faults of others, but in caring for the sick, should a death result through our fault neither time nor money can ever bring back life.

Many times we are called upon to nurse those in the poorest classes in life, and from a superficial glance there may not seem anything especially inviting in this work; but pausing a while to consider, what a pleasure we can derive from caring for those poor neglected souls, casting a little ray of sunshine into their lives, and trying to make up for the life of poverty which, perhaps after all, was not of their own making. To soothe the weary sufferer, no matter what the affliction may be, and, yes, often to bring a soul to the remembrance of her God, is it not a work to be coveted?

Yet there are many who have not the least idea what it means to be a nurse. I had a sad experience of this sort very recently. I was called upon to nurse a lady, who told me frankly that before I came she would not allow a nurse inside her door. Her relatives had to insist upon her having one, for, if left to herself, she would willingly have died rather than be touched by a nurse. This all came because she knew of instances where a few nurses were black sheep and a disgrace to the profession. She had so little respect for one that she used to say the most insulting things in my presence. I should have given up the case only that I knew her people were very anxious that she should be taken care of, and I resolved to attribute her mood to her illness.

She forgot that there are black sheep in every fold. Was not Christ crucified between two thieves? Amongst Christ's chosen twelve was there not a Judas? And did Judas's presence there make the other eleven wicked men? We should never put down a whole profession for what its black sheep do.

It is too bad that we have so many black sheep, and the blame for this I lay entirely with those training schools that do not question closely enough into the character of their pupils before allowing them to graduate. When they see one whose actions are at all questionable, why do they not chase her from their midst? How many supervisors realize that they are responsible for many of the slanders which have been thrown at our schools, simply by permitting a nurse to finish her course when they suspect that at some time she will do something which will bring disgrace upon the school? To supervisors of training schools I say: "When you see one about whom there is a shadow of a doubt, why, why do you give her the diploma of your school and send her forth with the pin, the seal of your school, upon her bosom, so that when she does drag herself through the gutter people will look at her pin and know that she is a nurse and see the name of her school on the pin."

I remember an instance which occurred several years ago in one of our large cities, and I would that others would follow the example set there. One member of the graduating class was not all that she should have been, but through influence was being permitted to graduate. After holding several minor meetings her classmates finally decided to bring matters to a crisis, as it was then within a few weeks of graduation day. They laid the matter before the trustees, declaring that if Miss — were permitted to graduate, she would graduate alone, as they all refused to have their names in connection with hers and would give up their graduation rather than submit to it. The trustees searched into the character of the offender, with the result that they drove her from the school within a couple of weeks of her graduation day. This is no fairy tale. I am personally acquainted with nurses who were in the school at the time and have the story from their own lips. When a nurse does wrong, people are not going to say, "Miss — did this or that," they are going to say, "A nurse did this or that." We not only have the care of our own reputation to look after, but we have also that of the whole nursing profession. A great many nurses do not think of this. They do not stop to consider that what they do is going to reflect upon the whole nursing profession.

There is a lesson in all this for the public. When a nurse does wrong, it is the woman in her which does the wrong; it is not because she is a nurse. Why not lay the blame where it belongs?

MARGARET MARY McCLOSKEY, R.N.

CIVIL HOSPITAL AFFAIRS IN MANILA

Extract from the Ninth Annual Report of the Secretary of the Interior to the Philippine Commission for the Year Ending June 30, 1910. Received too late for Publication in the May Issue.

The work performed by the Civil Hospital Division has been of the high order heretofore maintained, and the death-rate has continued extraordinarily low. Full details of the work will be found in the report of the Director of Health, and I shall not attempt to summarize them. There is, however, one

subject connected with the administration of this institution to which attention should perhaps be called. Sick people are apt to be querulous. Nurses who perform long hours of nerve-racking work in the tropics, and who are closely associated with each other when on duty, have been known to quarrel. An economical administration of so large a government institution as the Civil Hospital is not always easy to maintain. Some time since there rose a serious dissension among the nurses which threatened to interfere with the usefulness of the institution. I had for a long time been satisfied that the expense of operating it was excessive, but had been unable to find the leak. I decided that the termination of dissension among the nurses and the restoration of proper discipline among them was imperatively necessary, and that the cause or causes of the excessive cost of operating the hospital could best be determined from the inside. A definite policy was agreed upon between the Director of Health and myself, and Miss Mabel E. McCalmont, who had been serving as supervising nurse, was made superintendent of the hospital to the end that it might be carried out. She objected to the assignment on account of the disagreeable nature of the work, which was likely to involve her in much unpleasantness and unpopularity, but was ultimately convinced that it was her duty to undertake it. She performed it in a highly efficient manner. The leaks which had long remained undiscovered were found and stopped. The cost of running the institution was promptly reduced P2,000 per month, while the character of the food served and the service given was at the same time materially improved.

A determined effort was made to enforce discipline among the nurses, most of whom were faithful, efficient, hardworking employees, who were entirely willing to conform to any reasonable rules relative to their work. Unfortunately there were among them a few individuals whose resignations it proved necessary to accept, while in one instance a nurse was removed. As was anticipated, attacks upon the administration of the Civil Hospital resulted. In this matter, Miss A. M. Freeman, a former nurse of the hospital who had left the service, was particularly active. Under an assumed name, she addressed to me a letter viciously attacking the Civil Hospital. In it she represented herself to be a government employee from Washington who was visiting the Philippines for the purpose of making investigations into the conduct of the government, and who had secured admission into the hospital as a patient in order to watch its operations.

Her conduct in this matter has not heretofore been made public, but as she has continued to fill columns in one of the daily newspapers of Manila with complaints against the hospital and charges against its officers and employees, has written to nursing journals in the United States, and has repeatedly attempted to dissuade nurses from coming to these Islands, I think it proper now to state the facts. Miss McCalmont was not unnaturally made the centre of attack, and during the absence from the city of the Director of Health and myself, the Assistant Director of Health appointed a board to examine into the merits of a dissension between her and a nurse whom she had recommended for dismissal. Persons not subject to the jurisdiction of the Director of Health were irregularly appointed on this board, which began to hold hearings and allowed lawyers to appear before it. Upon my return I decided that there had never existed any necessity for the appointment of this board, as the investigation of the charges and countercharges which had been made was a matter of ordinary administrative

detail which should have been attended to by the Chief of the Bureau and the Secretary of the Department concerned. After going fully into the record of the case, the Governor-General concurred in this decision and stated his conclusions in the following announcement to the public press:

"After examination of all matters pertaining to the hospital investigation, the Governor-General has found that the appointment of a board to conduct the investigation was irregular; that the matter was one that was purely administrative, there being no matters which could not properly be looked into by the officials of the Government; and that conditions calling for an investigation have wholly ceased to exist. There is no evidence that anybody now in the service has been guilty of any illegal or improper acts.

"There is no doubt whatever but that under the previous management of the hospital the care of Government property and supplies was lax and there was greater consumption than the conditions justified, and that a change in the method of accounting for property was necessary.

"Miss McCalmont was asked to do this work at the instance of the Director of Health and the Secretary of the Interior, and against her own expressed wishes and request, since a reform of this sort was necessarily unpopular and sure to arouse hostility and bitter feeling.

"Having demurred and having been requested to continue this work, she has done so at great personal sacrifice and in spite of poor health and many very unpleasant criticisms. To this work Miss McCalmont has brought a high order of intelligence and training and marked ability, together with a single-minded desire to work for the good of the service; and the Governor-General has directed the Secretary of the Interior to extend to Miss McCalmont the thanks of the Government for the excellent work she has done."

It is also found that some of the criticisms levelled against the new system which has been established are unjustified; that some of the nurses have purposely tried to make the new system unpopular and fail, by not taking the trouble necessary to comply with the new regulations and then informing the patients that the resultant lack of facilities was due to the stinginess of the administration, a course which does not commend itself highly to fair-minded people.

In the main, however, it is believed that the nurses of the Civil Hospital are high-minded, hard-working, and faithful, and that they may be depended upon to co-operate in everything which is required of them for the good of the service and the success of their work.

It is believed that the criticism of purposely trying to make the new system fail is one which can be levelled at so few individuals as to make it by no means a charge against the nursing force in general, and that repetition of such practice need not be apprehended for the future. It goes without saying that should instances of this kind arise, the separation of the guilty parties from the service will be the only remedy possible for the Bureau.

Miss McCalmont has not only performed the duty of superintendent of the Civil Hospital and carried out the desired reform in the administration of that institution, but at the same time, and out of regular hours, has performed the very difficult task of planning and ordering the equipment of the Philippine General Hospital. She has also planned hospital buildings and equipment for the provinces. Either task was in itself sufficient to tax the energies of any one person.

As a result of overwork, her health became seriously impaired, so that she could no longer perform the double duty, and she was, some time since, relieved of all duties in connection with the administration of the hospital and given immediate charge of plans and equipment of new hospitals, for which work she has demonstrated very unusual qualifications. This arrangement will be continued.

The Governor-General has directed the Director of Public Works to get the new hospital buildings in such shape that they can be moved into by the 20th of August, and has requested the Director of Health to prepare to move over on that date. It is believed that the facilities that can be offered by that time in the new hospital, even though not complete in all respects, will be superior to those now existing in the present Civil Hospital, in which the Government has not been willing to spend the money necessary for maintenance, in view of the contemplated use of the new buildings.

AN overheard conversation, concerning the Nightingale post-cards—

"What are those postals for, that Miss S. is selling?"

"To put up a monument to nurses who have died of tuberculosis."

"Oh, are you sure of that?"

"Yes, it says on the back, 'to build a shaft for nurses who have contracted tuberculosis.'"

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

CONTRIBUTIONS TO THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

Previously acknowledged	\$4070.25
Alumnae Association, Massachusetts Homœopathic Hospital for Nurses	\$25.00
Bayonne Hospital Alumnae Association	5.00
Florence Churchill, graduate Illinois Training School for Nurses	7.00
Genevieve Cooke	10.00
Pupil nurses, Taylor Hospital School for Nurses	7.00
Alumnae Association, Bellevue Training School for Nurses ..	250.00
Salem Hospital Alumnae Association	50.00
New Jersey State Nurses' Association	25.00
Jane A. Delano	10.00
City Hospital Alumnae Association, Wilkesbarre	5.00
Martha Hirth, Illinois Training School for Nurses	1.00
Harriet Fulmer, for the Visiting Nurses of Chicago	25.00
Pupils of Asbury Methodist Hospital Training School for Nurses	5.00
Children's Hospital School for Nurses, Boston	40.00
League for Nursing Education	75.00
Louisiana State Nurses' Association	10.00
Kansas City Graduate Nurses' Association	25.00
Mrs. M. Walker	2.00
Pupils of Asbury Hospital	5.00
Kentucky State Association of Graduate Nurses	50.00
H. A. Bubler	3.00
Maude Cheney	1.00
Mary Williams	1.00
Miss Jones	1.00
Miss Davidson	2.00
Oregon State Nurses' Association	25.00
Pupils of Butler Hospital Training School for Nurses, Providence, R. I.	50.00
Presbyterian Hospital School for Nurses, Chicago	23.00
Members Hartford Hospital Training School for Nurses, Hartford, Conn.	50.00
Nurses Hanrotin Memorial Hospital, Chicago	70.00
Alumnae Association, Long Island College Hospital	50.00
Pupils of Milwaukee County Hospital, Wauwatosa, Wis...	8.00

Head nurses:

Helen M. Campbell	\$1.00	
Constance Wagner	1.00	
Edith E. Irvine	1.00	
Martha Otto	1.00	
Ella Schaefer	1.00	
Bertha Schultz	1.00	\$ 6.00
Helen W. Kelly, Supt.	25.00	
Mary E. Wadley	10.00	\$957.00

 \$5027.25

Contributions should be made payable to The Merchants Loan and Trust Company, and should be sent to the chairman of the committee,

HELEN SCOTT HAY, R.N.,
509 Honore Street, Chicago, Ill.

REPORT OF THE JOURNAL PURCHASE FUND TO MAY 15, 1911

Previously acknowledged	\$93.85
Illinois State Nurses' Association, from the sale of Florence Nightingale postals	27.00
Graduate Nurses' Association, Pittsfield, Mass.	10.00
Washington State Graduate Nurses' Association	50.00
City Hospital Nurses' Alumnae Association, Minneapolis, Minn.	15.00
Disbursements	\$195.85
One share of stock purchased from University of Pennsylvania Alumnae Association	\$100.00
May 15, 1911. Balance	\$95.85

M. LOUISE TWISS, R.N., Treasurer,
419 W. 144th St., New York City.

CONNECTICUT

Hartford.—THE HARTFORD TRAINING SCHOOL ALUMNAE ASSOCIATION held its March meeting in the Cosmos Club rooms, Miss Russell presiding. Reports of the recording secretary and treasurer were read and accepted. It was decided to increase the amount of the prize offered to the Hartford Hospital Training School from \$5 to \$25, with the understanding that if the funds in the treasury were not sufficient, the amount should be made up by private subscription. Miss Harrison expressed her willingness to contribute to this fund and to solicit. Then followed a discussion as to the advisability of giving a tea to the graduates. No action was taken. Miss McCormac gave an interesting description of her work in the public schools. The meeting was followed by music and refreshments.

ST. FRANCIS HOSPITAL ALUMNAE ASSOCIATION held its semi-annual meeting on April 26, Miss E. F. Riley presiding. The ten members of the class of 1911 were elected to membership. Interesting papers were read by Misses E. Toomey, E. McEnany, J. Brennan, S. Marcoux, and Mrs. M. Kelly. One of the graduates sang. Mother Valencia addressed the alumnae, encouraging them to foster in

their midst a spirit of union, asking the older members to remain as faithful in the future as they have been in the past, thus being a stimulus and a guide to their younger sister nurses. Supper was served and a social hour followed.

NEW HAVEN.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION held its regular monthly meeting, Miss Barron, first vice-president, presiding. The committee to arrange for the annual dinner in June was appointed. Election of officers and appointment of committees will take place. Notice of time and place will be sent out with the regular notice by the secretary. A large attendance is desired as this will be the last meeting until September.

NEW YORK

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION will hold its annual meeting at the Central Club on the evening of June 6, 8 P.M.

THE NEW YORK HOSPITAL ALUMNÆ ASSOCIATION, at its annual meeting, held at the training school, April 12, elected the following officers: president, Jessie H. McVean, R.N.; vice-president, Florence M. Johnson, R.N.; secretary, Julia C. Stimson, R.N., Harlem Hospital; corresponding secretary, E. S. Johnson, R.N.; treasurer, M. V. Post; trustees, Helena R. Stewart, R.N., Lydia E. Anderson, R.N., Mrs. M. L. Rogers.

BELLEVUE HOSPITAL TRAINING SCHOOLS for Women Nurses and for Men Nurses held graduating exercises on the evening of April 26 at the nurses' residence; a reception followed. There were 27 women graduates, and 19 men.

ROOSEVELT HOSPITAL TRAINING SCHOOL held graduating exercises for the class of 1911 in the amphitheatre of the Syms Operating Building on the evening of May 5. There were 30 graduates. A reception followed in the Administration Building.

THE PRESBYTERIAN HOSPITAL held commencement exercises of the class of 1911 in Florence Nightingale Hall on the evening of May 18, followed by a reception. There were 25 graduates.

ST. LUKE'S ALUMNÆ ASSOCIATION held a regular meeting on April 4, with eight members present. Delegates for the Associated Alumnas were elected. Zenobia Taylor has resigned her position as registrar. Miss Moody, class of 1909, has become night superintendent of the hospital. Miss Opdyke, class of 1911, is assistant night superintendent. Miss Van Syckel, who has been in charge of the operating-room for four years, has resigned to engage in private nursing. She is succeeded by Miss Clark.

NEW YORK CITY APPLICANTS FOR ENROLMENT IN RED CROSS NURSING SERVICE should address the secretary of the Manhattan Local Committee, Rose L. Johnson, 6054 Metropolitan Building.

CAROLYN C. GRAY, R.N., who has for some time held the position of assistant superintendent of the New York City Training School for Nurses, has become superintendent of the training school of the Homoeopathic Hospital, Pittsburgh, Penna.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises on May 25 at the training school.

BROOKLYN.—THE METHODIST EPISCOPAL HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its annual meeting at the club rooms and elected the following officers: president, Mrs. George Zimmer; vice-presidents, Ida M. Hall, Mrs. A. R. Hinrichsen; recording secretary, J. Cornes; corresponding secretary,

Cornelia F. Pierce, 276 St. James Place; treasurer, F. Ferris; trustees, Misses Shipman, Waterman, Denning. The membership of the association numbers more than half the graduates of the school and has been incorporated. It has a large and enthusiastic Red Cross Committee, a large number of the members being enrolled for active service.

Albany.—THE STATE ASSOCIATION COMMITTEE ON ARRANGEMENTS for the annual meeting in Albany in the fall is as follows: Annie W. Goodrich, R. N., chairman; Louise F. Arnold, Samaritan Hospital, Troy; Susan C. Hearle, Albany City Hospital, Albany; Ross Heavren, Homeopathic Hospital, Albany; Esther T. Jackson, Schenectady Hospital Association, Schenectady; Ida M. Root, Nathan Littauer Hospital, Gloversville.

The Programme Committee is composed of Ida M. Root, Gloversville, chairman; Miss Taylor, Albany; Miss Dewey, Brooklyn.

Troy.—THE SAMARITAN HOSPITAL has received a gift of a site for new hospital buildings, and the sum of \$50,000 for building and equipment, from Miss Alida L. Van Schoonhoven as a memorial to her brother, William H. Van Schoonhoven. An almost similar offer was received at the same time from George B. and Robert Cluett. The donors were unaware of each others intentions and the hospital, which has been cramped for room and which could not be enlarged on its present site, has now opportunity to expand and to meet the needs of the community.

Schenectady.—THE SCHENECTADY PHYSICIANS' HOSPITAL TRAINING SCHOOL held its first graduating exercises on April 20 at the first Baptist Church, nine graduates receiving diplomas and pins. Three prizes were given—the Lillian Wieneke Memorial prize, a nurse's bag, for highest general average, to Edith E. Atkins; one by Dr. J. J. O'Brien for highest average in his subject, ear, eye, and throat, to Nellie G. Ryer; one by Dr. J. B. Garlick for highest average in his subject, anatomy, to Miss Atkins. Following the exercises, a dance was given to the nurses and their friends. Addresses were made by Dr. E. McD. Stanton, and Rt. Rev. Magr. J. L. Reilly, who administered the pledge of the school. Dr. Stanton presented the diplomas, and Dr. J. B. Harvie, of Troy Maternity Hospital, the certificates of that institution.

Syracuse.—THE HOSPITAL OF THE GOOD SHEPHERD TRAINING SCHOOL FOR NURSES held graduating exercises in Freeman Hall on the evening of May 24. There were 26 graduates from the regular course. Certificates for a special course in obstetrics were granted to 8 nurses from the Willard State Hospital; for a course in pediatrics to 4 nurses from the Thanksgiving Hospital, Coopers-town; for pediatrics and medical nursing to 2 nurses from Broad Street Hospital, Oneida.

Rochester.—THE ROCHESTER HOMOEOPATHIC HOSPITAL, on May 1, opened its new home for nurses, the gift of Mr. Eastman, for whom it is named. It is situated on the beautiful hospital grounds, just back of the main building, with a wide outlook over the lawns. Every room is tastefully and comfortably furnished, and each floor has its own sitting-room and its own porch. There are large rooms on the first floor devoted to social uses, library, lecture room, and an office. In the basement are a light pleasant dining-room and serving-room, with a diet kitchen.

THE HAHNEMANN HOSPITAL held graduating exercises on the evening of May 5 at the Powers Hotel. The address was given to the fifteen graduates by Rev. W. A. R. Goodwin, rector of St. Paul's Church. Justice Arthur E.

Sutherland presented the diplomas. The exercises were preceded by a dinner and were followed by dancing.

ROCHESTER GENERAL HOSPITAL TRAINING SCHOOL held graduating exercises at the hospital on the evening of May 18. Mr. Carleton B. Gibson made the address. The class was presented by Dr. John F. W. Whitbeck. The diplomas were presented by Mrs. Arthur Robinson. There were 21 graduates.

NEW JERSEY

Paterson.—THE PATERSON GENERAL HOSPITAL, on April 17, dedicated its new nurses' home, the gift of Mr. Peter Quackenbush, who gave also the grounds about it and an endowment fund for its maintenance. The gift is made in memory of Mr. Quackenbush's wife and daughter and is to be known as the Sarah Amelia Quackenbush Memorial Home. At the services, Mr. Quackenbush gave the keys to the hospital authorities. At the reception which followed, all were able to inspect the beauty and simplicity of the building, and the nurses did not fail to tell the donor of their appreciation of his gift. The alumnae association held its regular meeting in the class room of the new home with a fair attendance.

DELAWARE

Wilmington.—THE DELAWARE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the reception room of the hospital on April 13, the president presiding. Minutes of the last meeting were read. The society has now 22 active members. The treasurer's report was very satisfactory. The association has just completed the furnishing of a private room in the hospital, the money having been raised by a dance. The room was given by the hospital managers for the use of sick graduate nurses, who will be cared for free of charge. Etta Heisler read a carefully prepared paper on *The Life of Florence Nightingale*. The following officers were elected: president, Evelyn Hayes; vice-president, Alice G. Wadman; secretary and treasurer, Elsie B. Davidson; assistant secretary and treasurer, Jean Donighan; executive committee, Etta Heisler, Anna M. Hook, Elsie B. Davidson. A vote of thanks was given the retiring secretary and treasurer, Elsie A. Bogan, for her work during her term of service.

PENNSYLVANIA

Philadelphia.—HARRIET J. MORAND, graduate of the training school of the Hospital of the University of Pennsylvania, has accepted the position of superintendent of the West Philadelphia Hospital for Women. Margaret Jones has been appointed directress at St. Luke's Hospital in this city.

THE JEWISH MATERNITY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its eighth annual meeting in April at the hospital. The report of the president, Betty Chodowski, showed a year of much activity. The alumnae fund has increased and has been used to care for sick members. The following officers were elected: president, Betty Chodowski; vice-presidents, Helen R. Wolfson, Rose D. Leof; secretary, Dr. Rose S. Rubin, 532 Spruce Street; treasurer, Mrs. S. Belle Cohn. A vote of thanks was given the retiring secretary, Mrs. Margaret B. Simon; the retiring vice-president, Mrs. J. J. Rabinovitch; and to Miss Gertrude Rosenthal for a piece of needlework which will be sold for the benefit of the endowment fund.

VIRGINIA

THE REGULAR SEMI-ANNUAL EXAMINATION of the Graduate Nurses Examining Board of Virginia will be held at Mechanics' Institute, Richmond, Va., June 6, 1911, beginning at 9 A.M.

MARY M. FLETCHER, R.N., Secretary,
Charlottesville, Va.

Richmond.—THE RICHMOND NURSES' CLUB held its annual meeting on April 7, and though it has been organized only one year, the reports showed the club to be in a most pleasing and prosperous condition. It now has forty-four members, and special efforts will be made this year to secure it a suitable home. Officers were elected as follows: president, Elizabeth R. P. Cooke; vice-presidents, Margaret Watkins, Nannie H. Jones; treasurer, Sallie Webb; secretary, Rachel Isaacson, Nurses' Settlement; assistant secretary, Margaret Neal.

MARGARET WATKINS, Virginia Hospital Alumnae, will leave shortly to spend the summer travelling in Europe.

THE INSTRUCTIVE VISITING NURSES' ASSOCIATION will open a babies' hospital at Lakeside, three miles from Richmond, on June 1. This is a gift to the Association by a philanthropic Richmond woman, provided it would furnish nurses and finance it.

NORTH CAROLINA

THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will meet at the State Normal College, Greensboro, June 12, 13, 14, 1911.

All nurses in this state who are not registered and who are eligible for examination are urged to register.

ANNE FERGUSON,
Secretary.

GEORGIA

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES, having accepted the invitation of the Chamber of Commerce of the City of Macon, held its fifth annual convention in that city, April 20 and 21. A very cordial welcome was extended by the Mayor and by Mr. W. T. Anderson, representing the Chamber of Commerce. A decisive step in the now nation-wide crusade against tuberculosis was the most important feature of the convention. A plan of action was decided upon, and nurses from all parts of the state pledged themselves to aid in the fight against the white plague. Several other steps of interest to the nurses of the state were taken, and for the first time since the inception of the organization, the officers of last year were re-elected. An address was given by Dr. Frances Bradley, secretary for Georgia of the American Medical Association, on "The State Work in Infant Mortality." She appealed to all nurses for unremitting work toward reducing the death-rate from preventable diseases among children. The method suggested was the education of the people as to proper eating, dressing, ventilation, and general hygiene. Other valuable papers were given. The next meeting will be held in Savannah, April, 1912.

ANNA BRUNDIGE, R.N.,
Corresponding Secretary.

Brunswick.—THE BRUNSWICK HOSPITAL graduated its first class on March 30.

FLORIDA

Tampa.—M. LOUISE MARTIN, R.N., formerly superintendent of the Martin's Ferry Hospital, Martin's Ferry, Ohio, has accepted the position of superintendent of nurses of the Gordon Keller Memorial Hospital.

MISSISSIPPI

Vicksburg.—DR. STREET'S SANITARIUM AND HOSPITAL held graduating exercises on April 17, for a class of five nurses. The principal address was given by Dr. Barrier, of Delta, La.; a valedictory, by Mary Reeves; the diplomas and pins were presented by Ex-mayor Griffith. A luncheon was served after the exercises. The head nurse of the Sanitarium is Sadie M. Howard. The buildings have been enlarged and well equipped and were open for inspection on the day of the graduation.

KENTUCKY

Louisville.—THE DEACONESS HOSPITAL held its annual commencement in the Methodist Church. Members of the alumnae in uniform served as ushers. Addresses were given by W. F. Boggen, M.D., and Hunter Peak, M.D. Diplomas were given to ten nurses by the president of the hospital board. After the exercises, the alumnae gave a banquet to the graduates.

Cleveland.—THE LAKESIDE HOSPITAL SCHOOL FOR NURSES held graduating exercises in the Florence Harkness Memorial Chapel, Woman's College, on the afternoon of May 11. The address to the class was given by Dr. Charles M. Green, professor of obstetrics in Harvard University. Mr. Samuel Mather presented the diplomas and prizes. There were thirty graduates.

Cincinnati.—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the hospital on April 7. There was a good attendance. Florence Williams read a very able paper on "The Nurse in Fiction," which was followed by an informal discussion of private nursing problems. The president, Miss Pierce, urged the nurses to enroll in the Red Cross. Much interest was aroused and a number are seriously considering it. A list of associate members was also secured.

Mount Vernon.—THE OHIO STATE SANITARIUM has, since the opening of its school, graduated twelve nurses from its post-graduate course in incipient tuberculosis. These are now all active in tuberculosis work and show the good results of extra training. C. Elizabeth Allen, who had been dietitian and superintendent of the training school, has resigned her position and will leave the middle of June. She will make her headquarters in Columbus and will help in the organization of new tuberculosis societies. She is chairman of the tuberculosis committee of the state association.

MICHIGAN

Detroit.—FARRAND TRAINING SCHOOL FOR NURSES, of Harper Hospital, held its annual commencement on the evening of April 27 in the Twentieth Century Club Building, followed by a reception. There were thirty-four graduates.

SOLVAY GENERAL HOSPITAL held its fifth graduating exercises at the Solvay Lodge on the evening of May 17. The address was given by Miss C. P. Van der Water, R.N., principal of Grace Hospital Training School. The badges were

presented by Mr. Antonio C. Passano, and the diplomas by Mr. F. R. Hazard, president of the board of trustees. Dancing followed the exercises. There were four graduates.

WISCONSIN

Oconomowoc.—THE WALDHEIM TRAINING SCHOOL held its annual commencement exercises, and the alumni association its meeting on June 1.

MINNESOTA

St. Paul.—RAMSAY COUNTY GRADUATE NURSES' ASSOCIATION held its May meeting on May 1 at the nurses' home, 26 members being present. Three applications for membership were received. Dr. Edith G. Fosness gave an excellent paper, which was well received and freely discussed.

ILLINOIS

STATE BOARD EXAMINATION FOR REGISTRATION, JANUARY 11 AND 12

(Continued from Page 668)

OBSTETRICS

1. *What preparations do you consider necessary for an approaching confinement in a private home?*

Having made an engagement with a patient for a confinement case, a nurse should make also a written agreement, signed by herself and patient, so as to avoid any misunderstanding. A visit some weeks before the time of confinement should be made by the nurse, at which time she instructs the patient concerning the making of her sterile supplies and all that is involved with sterilization at home, etc. If the nurse is to attend to the supplies, she will have them there ready, some days beforehand. If the patient makes them, thorough instruction about sterilizing should be given, along with the list, which is as follows:

Four sheets, 2 doctor's gowns, 2 pr. sterile gloves, 4 sterile towels, 6 folded gauze dressings, a sterile baby band with two pieces of cord tape, some cotton balls, 1 pr. perineal stockings, all on a sterile table, can be prepared several days ahead and covered with a sterile sheet.

Made and ready: sterile dressings, 3 doz.; sterile pads, 1 doz., large; sterile pads, 3 doz., small; breast squares, 2 bags, about 12 in each; cord dressings—gauze with slit in centre, 1 doz.; accouchement pad.

She should acquaint herself with the house and its furnishings, as to linen supplies, etc. Choose the chamber for delivery (bright, cheerful, few furnishings), selecting old furniture, old sheets, old blankets, if possible, and see that there is a bed-pan, enema bag, hot-water bag, 2 rubber sheets or old pads, any medicines she may need, such as ergot, lysol, borie acid solution, silver nitrate solution, formaldehyde 40 per cent., vaseline, castor oil, and castile soap, and little necessities for the baby.

She may be asked for advice concerning the baby's outfit, in which case she should recommend easily-washed, plain alips, 1 doz. for night; 1 doz. for day; 3 doz. diapers; 4 to 6 shirts (soft, woolen); 6 baby bands; 4 pinning blankets—other things are not absolutely necessary. Three soft blankets of suitable size for the baby to be wrapped in, thermometer, tub.

Should the nurse be asked concerning food or diet during pregnancy, clothing, exercise, and hygienic rules, as well as what to guard against, she should be ready to give accurate information. Everything that can be used should be, without further expense. The nurse's address and telephone number should be left so that no trouble need arise through failure to get to her patient.

2. (a) *How many stages of labor are there?* (b) *Describe the different stages.*

There are three stages of labor:

First stage, from the first real contraction pain to complete dilatation of os of uterus.

Second stage, from dilatation of os to expulsion of child.

Third stage, expulsion of babe to expulsion of placenta and membranes; also is included in this third stage, the retrogression of the uterus.

3. *Name three important complications of the puerperium, giving probable cause in each case.*

(a) Post-partum hemorrhage. May be due to premature detachment of placenta, or retained placenta or clots in uterus, or failure of uterus to contract.

(b) Puerperal sepsis. May be due to infection at time of delivery, possibly through carelessness then or in the after care.

(c) Mastitis. May be due to infection through nipple, or heavy manipulation.

4. (a) *What is meant by post-partum hemorrhage?* (b) *What would you do should this complication arise while you were alone with the patient?*

(a) A post-partum hemorrhage is a flow of blood coming from the parturient canal shortly after delivery.

(b) Should this complication arise while alone, I would grasp the uterus first and try to cause it to contract. If placenta was out, as far as I knew, I would give Ergot dr. 1 and elevate the foot of the bed. Call the doctor as soon as possible. If the bleeding kept on, I would give, if necessary, a hot douche of saline solution. If all had been done and still with no success, I would pack the vagina with sterile packing or the next best thing in reach, in order to save the life although risking an infection. During the entire procedure the patient should be kept warm and perfectly quiet.

5. *State, in detail, the care you would give an infant, the first 24 hours after birth.*

After the birth, the baby's eyes should be washed or irrigated with a weak antiseptic solution, also the mouth and nose cleansed with the same. The cord should be dressed under strictly aseptic conditions with alcohol and powder according to the physician's orders whom you are working for. The face and head are then washed with warm water and the rest of the body oiled to remove all vernix caseosa, paying particular attention to all the creases of the body. Dress and place in a warm place, free from draughts and strong light. A little warm water to remove all mucus from the throat, may be given, and watch carefully.

The baby goes to the breast usually about 6 to 8 hours after birth, if the mother is in good condition, and every 6 hours for the first day. Water should be given regularly about $\frac{1}{2}$ oz. every 2 hours. If the baby's bowels do

not move, or if no urine is voided, should be reported to the physician in charge. The temperature is taken soon after birth and twice a day afterward if it is normal. The eyes should be watched carefully for any signs of secretion that may be pathological. The babe should be kept on the right side. The cord should also be looked after for any bleeding.

MATERIA MEDICA

1. (a) *By what methods may medicine be introduced into the body?* (b) *By what method would you obtain quickest action of a drug?*

(a) Through the mouth, by rectum, subcutaneous, the respiratory tract, skin, and intravenous.

(b) The quickest action from a drug is subcutaneous or intravenous.

2. *Define: sudorific, diuretic, stimulant, astringent, escharotic, idiosyncrasy, cumulative effect, physiological action.*

Sudorific, a sweat producing drug.

Diuretic, a drug which increases the flow of urine.

Stimulant, an agent which accelerates the functional activities.

Astringent, a medicine which contracts the tissues and therefore checks the secretions.

Escharotic, an agent which burns the tissue, causing charring.

Idiosyncrasy of a patient toward a drug, means that condition which renders that patient unable to take it owing to an extreme susceptibility to its actions or effects, the effects being detrimental.

Cumulative effect of a drug is that power of a drug which renders it liable of remaining in the tissues and collecting, causing untoward effects later on, by reason of its not being excreted properly at the right time.

Physiological action is the action that the drug has upon the body.

3. (a) *What are the symptoms of overdosing with preparations of mercury?*

(b) *Name three preparations of mercury.*

Symptoms of mercury when taken in overdoses are: coryza, discharge from the eyes and nose;ptyalism, gums become sore, teeth get loose, tongue may become swollen and protrude; abdominal pain, especially about the umbilicus; dysentery.

Preparations of mercury: calomel, hydrargyrum chloridum mite; bi-chloride of mercury; unguentum hydrargyrum.

4. (a) *Name three of the coal-tar derivatives.* (b) *In what cases are they used?* (c) *What points are to be observed in giving any of them.*

(a) Phenol, phenacetine, cresotal.

(b) Phenol and cresotal are chiefly used as disinfectants. Phenacetine is used as an anodyne.

(c) The action of the coal-tar derivatives is sudden and severe, and the heart must be carefully watched for signs of collapse when giving them.

5. (a) *Give the physiological action of strychnia.* (b) *Symptoms of overdosing.*

(a) Strychnia is a powerful heart stimulant, strengthening the beat and lessening the frequency. In small doses it promotes the flow of the gastric juice, thus increasing the appetite.

(b) Symptoms of overdosing are: rigidity of the muscles of the face, causing a peculiar fixed grin, convulsive movements of the body, widely open

eyes, tense pulse. Patient dies because of failure of respiration, in fatal poisoning.

6. (a) *What would you do for a case of opium poisoning?* (b) *In a case of bi-chloride poisoning?* (c) *In poisoning from illuminating gas?*

In opium poisoning administer a stomach wash of permanganate of potassium; stimulate; keep patient warm, cold to the head and heat to the feet; artificial respiration; keep aroused; electricity; exercise; see that the bowels are opened and the urine voided.

In bi-chloride of mercury poisoning, give the white of an egg for every four grains of mercury, mucilaginous drinks, stimulants, heat.

In poisoning from illuminating gas, remove from source of poisoning, loosen clothes, artificial respiration, inhalation of oxygen.

7. *How would you give morphine, grain 1/6 from a solution where minims 6 equals grain 1/4?*

Grain 1/4 equals minims VI.

Grain 1/24 equals minims I.

Grain 1/6 equals minims IV of the solution.

8. (a) *How would you make one gallon of bi-chloride, 1-2000, from a solution of 1-500?* (b) *From stock salt solution containing salt, drachm VI, to the pint, how would you make 1 quart of normal salt solution?*

(a) Bi-chloride solution, 1-500, take 1 quart, add sterile water, 3 quarts, to make 1 gallon of 1-2000 solution. (b) Stock solution, 5 ounces 2 drachms, add sterile water, 27 ounces, to make 1 quart of normal salt solution.

9. *Give the dosage of the following: tincture of digitalis, infusion of digitalis, Fowler's solution, iodide of potassium, codeine.*

Tincture digitalis, m. 2 to m. 10; infusion digitalis, oz. 1/2 to oz. 1; Fowler's solution, m. 2 to m. 10; iodide of potassium, gr. 5 to gr. 30; codeine, gr. 1/2 to gr. 1.

10. *Give two examples of each of these classes of drugs: diaphoretic, purgative, heart stimulant, anodyne, rubefacient.*

Diaphoretic, quinine, aspirin; purgative, magnesium sulphate, oleum ricini; heart stimulant, strychnin, digitalis; anodyne, morphine sulphate, sodium bromide; rubefacient, oil of turpentine, oil of mustard.

URINALYSIS

1. (a) *What is meant by specific gravity? What is the normal specific gravity of urine?* (b) *Define albuminuria; glycosuria; urea.*

Specific gravity is the relative weight of any substance compared with the same amount of water at a given temperature.

The normal specific gravity of urine is 10.10 to 10.20.

Albuminuria is the presence of albumin in the urine.

Glycosuria is the presence of sugar in the urine.

Urea is the end product of nitrogenous food as given off in the urine and sweat.

2. *Describe: (a) Test for sugar. (b) Test for albumin.*

Fehling's test for sugar; to about 4 c.c. of a prepared Fehling's solution in a test-tube add filtered urine and bring to a boil. If sugar is present, tube contents will turn red, usually brick-dust red.

Cold nitric acid test for albumin; To 4 c.c. of cold nitric acid in a test-

tube add, drop by drop, filtered urine, holding the test-tube at an angle of 45 degrees. At the junction of the acid and the urine will be formed a white ring, if albumin is present.

3. *If the average amount of urea excreted in 24 hours is normally 500 grains, what symptoms would you look for in a patient whose urinalysis showed the total excretion for 24 hours of 120 grains?*

If there were such a decrease of urea in a patient's urine, symptoms of uræmic poisoning would be looked for, such as, headache, vomiting, nausea, stupor, coma, delirium, odor of urine from the breath and body and general toxic condition.

HYGIENE

1. *Give five important points in bodily hygiene to be emphasized in teaching children.*

(1) Cleanliness. (2) Fresh air. (3) To drink plenty of fresh water. (4) Nourishing food at regular intervals. (5) To form regular habits as to the evacuation of the bowels and urine.

2. (a) *What amount of cubic air space, per capita, is necessary for adult's sleeping rooms? How would you ventilate a sick room 8 x 10 x 12 in cold weather where there was but one window and patient was unused to draughts?*

(a) 1000 cubic feet of air space is necessary for each adult in a sleeping room.

(b) To ventilate a sick room 8 x 10 x 12 in cold weather when a patient is unused to draughts, open the window a little at the top, raise it a little at the bottom and arrange a screen so that there is no draught of air on the patient.

3. (a) *How would you dispose of typhoid excreta if you were in the country where there was no system of sewerage?*

(b) *What hygienic precautions should be observed in travelling?*

(a) Typhoid excreta should be mixed with a solution of chloride of lime and allowed to stand at least one hour before being emptied. This solution is made by adding equal parts of water to lime which slakes it. One part of this to four of water makes a good disinfectant and one which is more easily obtained in the country than a good many others. Copper sulphate or 4 per cent. formalin are also good disinfectants and should be used in the same way. Sputum can easily be burned. Feces and urine should be deposited in ground sufficiently removed from house and barn and where the drainage leads away from both, and also where it would not drain into ground used for cattle.

(b) Public drinking cups should not be used. Discretion in use of public toilet should be observed and especially when traveling with children. Have your own soap, do not use that in public lavatories unless they have the liquid soap in closed cups. Observe bodily cleanliness especially as regards the face and hands.

(To be continued)

Chicago.—THE ILLINOIS TRAINING SCHOOL held graduating exercises of the class of 1911 at Cook County Hospital on the afternoon of May 23, followed by a reception at the nurses' home. The alumnae association held a reunion of the graduates of the school in Congress Hall in the evening. Grace Barnes,

class of 1904, has become assistant night supervisor. Four nurses have recently joined the corps of school nurses,—Agnes Talcott, Ella Goodhue, Florence Littell, and Catherine Thompson.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION held its eighth semi-annual convention in South Bend, April 26 and 27, in the First Christian Church.

The meeting was opened by the president, Dr. Maude McConnell. Invocation by Rev. G. W. Henry. The address of welcome was by Dr. Rosenberry, response by Miss Rein.

The president in her address reviewed the progress of the nursing profession, and pointed to the many opportunities its members have to help educate the people in their homes upon hygiene and social purity.

Miss Graham read a short memorial on Florence Nightingale.

The subject of "Infant and Child Feeding," was given by Miss Olmstead, of the diet kitchen in connection with the Northwestern University Medical School in Chicago. She told of the co-operation of the kitchen with the visiting nurses' association, and with the medical school inspection and the free dispensaries. She had appliances showing how carefully the food is prepared and handled, and charts showing the conditions of infants and the improvement made under their care.

The paper upon "Infantile Paralysis" by Dr. Wegner was also interesting.

The National Red Cross and its active work was described by Misses Johnson and Gleason.

Dr. Hugh Miller spoke on the "Relation of the Nurse to Public Hygiene."

Miss De Witt, assistant editor of the *AMERICAN JOURNAL OF NURSING*, gave a most interesting history of the *JOURNAL* from its very beginning and a sight into the inner working of the editorial rooms, and told what the *JOURNAL* aspires to do for the nurses. (Some of us know well how helpful it is.) Besides this paper Miss De Witt gave many helpful suggestions along other lines of work. It was good to have her with us.

A paper on "Progress of State Registration" was read and the discussion led by Miss Humphrey, secretary of the State Board of Nurses' Examiners.

The subject of "Moral Prophylaxis and the Nursing Profession" was presented in a paper by Miss D. E. Mills, resident nurse at Earlham College. Following this came the paper on "Patent Medicines" by Dr. Urquhart, of Grand Rapids, Mich., in which he condemned the advertising doctors and the periodicals advertising them. He urged the united efforts of all doctors and nurses to suppress them. A goodly number of physicians were present to hear this paper and discussed it freely.

Miss Broyles gave a description of the work of the Anti-tuberculosis League in its camp near South Bend.

Miss Bange presented in a very interesting way the work of medical inspection of schools in Chicago.

In executive session M. D. Currie was elected delegate to the Associated Alumnae meeting in Boston.

Not least amongst the pleasures was the automobile ride, visiting St. Mary's College, University of Notre Dame, the anti-tuberculosis colony, and the many large factories, for which this city is known world-wide. A visit was also made to the two hospitals, the Epworth and St. Joseph's.

Appropriate resolutions were framed and adopted by the convention, expressing the highest appreciation of the hospitality of South Bend's nurses and citizens, and then adjourned to meet in annual session in October, 1911.

MAE D. CURRIE, Secretary.

Indianapolis.—THE INDIANAPOLIS SCHOOL OF NURSING held its graduating exercises in the auditorium of City Hospital on May 12, a class of eighteen having completed the three years' course. The address of the evening was given by Dr. W. N. Wishard, and Dr. E. D. Clark presented the diplomas. There were a number of musical selections by the orchestra and two vocal solos. Prayers were by Rev. N. C. Clippinger. A reception followed the exercises.

THE METHODIST EPISCOPAL HOSPITAL held its first graduating exercises on May 19 in Roberts Park M. E. Church, with a class of fourteen. Hon. Chas. W. Fairbanks gave an address. A reception for the class and their friends was held in the parlors of the church.

THE PROTESTANT DEACONESS HOSPITAL held its graduating exercises in the auditorium of the nurses' home on May 10. Dr. David Ross addressed the class and Rev. Ditz presented diplomas to twelve graduates. A reception followed immediately after the exercises.

MISSOURI

THE MISSOURI STATE BOARD for the examination and registration of nurses will hold their next meeting at Hannibal, Missouri, June 28.

S. E. S. SMITH, Secretary.

MASSACHUSETTS

Malden.—THE MALDEN HOSPITAL NURSES' ALUMNAE ASSOCIATION held its regular monthly meeting at the nurses' home on May 2. Dr. F. W. Plummer spoke on Municipal Health.

MALDEN HOSPITAL held graduating exercises for the class of 1911 on April 20, in Esther Hall, Browne Building. Miss Sara Parsons of the Massachusetts General, and Dr. Godfrey Ryder addressed the class. The graduates were given a luncheon by the alumnae on April 21, at the Hotel Vendome, Boston. Mary S. Paton, president of the alumnae association, was toast mistress. Miss Tippetts of the Social Service Department of the Massachusetts General was one of the invited guests and spoke of her work. Charlotte M. Perry, the newly-elected superintendent, made brief remarks. Miss Perry assumed her duties on May 1.

NEW YORK

Yorktown Heights.—ANNIE M. COLEMAN, who has recently been at the Hebrew Hospital, Baltimore, succeeds Miss Damer at Echo Hill Farm.

PENNSYLVANIA

Philadelphia.—THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION held its eighteenth annual meeting on Easter Monday afternoon in the nurses' home, after the Alice Fisher Memorial Services, forty-two members being present. The treasurer's report showed an excellent financial condition. The president, Miss M. Malloy, made a plea to the association to make some effort to prevail on hospitals not to discharge venereal cases so long as they were a source of infection. Resolutions of condolence were passed on the death of Miss Lillian G. Light and fifty dollars was voted to the Lillian G. Light

Memorial Fund toward maintaining a district nurse in Lebanon, Pa. The following officers were elected: president, Mollie Malloy; vice-presidents, A. Lafferty, N. Spackman; secretary, Leopoldine Guinther; treasurer, Mrs. M. P. Warmuth; executive committee: Mary C. Lewis, Kate Kirwan. Mrs. M. P. Warmuth and Elizabeth Lewis were elected delegates to the Associated Alumnae. Miss M. L. Vanthuynne, the retiring secretary, was presented with a school-pin by the association as a slight testimonial of their appreciation of her faithful services rendered for six successive years.

MARYLAND

THE MARYLAND STATE ASSOCIATION held its spring meeting on May 6, at Johns Hopkins Hospital. The business meeting occupied the first hour. The president, Mrs. Foster, was elected to represent the society at the Associated Alumnae meeting in Boston. After the business meeting, six of the Johns Hopkins Hospital head nurses demonstrated several new nursing procedures.

First, the technic of cleaning up and preparation for operation in the Gynecological Operating Room, and in contrast that employed by the surgeons in the General Operating Room.

Second, a simple device for keeping patients who are irresponsible from falling out of bed, following which a description of the preparation, methods of giving and observations necessary to make after giving the new specific "606," together with the apparatus used was explained and listened to with great interest.

And lastly, seven different diets as used in treatment in the hospital were set up on trays, as they are served in the public wards. The condition for which each was given, and the result hoped to be obtained, were minutely described.

It was unanimously decided that such demonstrations were extremely helpful and should be given more frequently.

THE MARYLAND SOCIETY OF SUPERINTENDENTS OF NURSES was organized in 1909 to aid in bringing about greater unity of teaching in the training schools for nurses in Maryland. Since that time meetings have been held about four times each year, with a representation from eighteen schools in Baltimore, and eight in the counties. Many questions have been discussed with profit, and satisfactory results obtained from the co-operation of the various schools.

Last month the society met at the Johns Hopkins Hospital, with Miss Lawler president, in the chair. The problem under discussion at present is "What can be done to assist small schools to give an adequate training with an experience to meet the demand for State Registration?" The question of affiliation is being discussed and various plans are under consideration, the maturing of which are looked for, to solve many of the present difficulties.

VIRGINIA

THE UNIVERSITY OF VIRGINIA MEDICAL FACULTY AND MISS HURDLEY, superintendent of the training school for nurses, gave a most delightful dance on May 3, in the Leyerweather Gymnasium to the eight nurses of the graduating class. The professors and their wives, the thirty members of the Charlottesville Nurses' Association, and the third and fourth year medical students were invited.

Norfolk.—THE NORFOLK ASSOCIATION OF REGISTERED NURSES held its

annual meeting on the afternoon of May 9 at St. Christopher's Hospital. The following officers were elected: president, Julia Mallichampe; vice-presidents, Mrs. W. T. Smith, Annie Alexander, Laura Williams; treasurer, Mrs. M. C. Irvine; secretary, Miss Benton; chairman registry committee, Mrs. Jordan; legal adviser, Mr. R. W. Tomlin; vacancy on medical advisory board, Dr. Kirkland Ruffin. This association is in a most flourishing condition, having more than 100 members and is taking steps to become affiliated with the Associated Alumnae of the United States.

NORTH CAROLINA

THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting in the Students' Building of the State Normal College, Greensboro, June 14-16, inclusive.

LOIS A. TOOMER, R.N., Secretary.

MICHIGAN

THE MICHIGAN STATE NURSES' ASSOCIATION held its seventh annual convention at Jackson, May 3-5. The convention was called to order in Library Hall, which had been prettily decorated for the occasion with the state colors. An average attendance of sixty was maintained. The nurses from the state who had papers were: Agnes A. Park, Detroit, "The Work of the Visiting Nurse"; and Luella Bristol, Ann Arbor, "Uniform Standards in Our Training Schools." The report on state registration, prepared by Miss Flaws, and given by Mrs. Tacy of Detroit, was very comprehensive, and gave a clear idea of what had been and what still had to be accomplished. Two papers by Edna L. Foley of Chicago commanded the closest attention, one on Hospital Social Service, the other on Tuberculosis Visiting Nursing. The last day of the meeting the members were fortunate in having with them Miss McIsaac, who spoke with her usual force and conviction. Her morning address was on the work of the Inter-State Secretary. All were much interested in hearing of the aims and scope of this work. In the afternoon, the superintendents of training schools were given an inspiring talk as to their duties and responsibilities. The following officers were elected: president, Mrs. Ralph Apted, Grand Rapids; vice-presidents, Fantine Pemberton, Ann Arbor, Ida Proctor, Saginaw; recording secretary, Elizabeth Greener, Muskegon; corresponding secretary, Mrs. Millicent B. Northway, Mercy Hospital, Benton Harbor; treasurer, Kate McDonald, Port Huron; councillors, Isabel McIsaac, Mrs. L. E. Gretter. Detroit was chosen as the place of meeting for 1912. The nurses and doctors of Jackson made charming hosts and hostesses. Their guests left for their homes feeling glad they had been able to enjoy the hospitality extended.

MILLCENT B. NORTHWAY, Secretary.

Saginaw.—The Misses Ethel O. and Eva M. Rea, both graduates of St. Mary's Hospital, have opened the Saginaw Mechano-Therapy Sanatorium, the first and only institution for the practice of physiologic therapeutics in the city.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a regular monthly meeting May 2, in the Athenaeum, Milwaukee. Meeting was called to order by president, twenty-eight members present. Minutes of last meeting were read

and approved. Stella S. Matthews was chosen a delegate to the national meeting in Boston. It was decided that the association hold no meetings after June until the annual meeting in October. The educational program was on Almshouse Nursing. Mrs. Bradshaw, chairman of the committee, read a collection of data she received from many counties of the state pertaining to the subject. Katherine Maher reported on Fond du Lac County, and Miss Irvine explained the method used in Milwaukee County. Helen W. Kelly, who made a study of almshouse nursing during the last year, is satisfied that the state of Wisconsin compares favorably with other states in this work. Meeting adjourned.

THE DIRECTORS OF WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting May 2, in the Athenaeum, Miss Kelly presiding. Present: Mesdames, Davis, Rowan, Kohlraat, Bradshaw, and the Misses Maher, Isermann, Pfeffer, Matthews, White. Minutes of last meeting were read and approved. The following applicants were voted into membership: Anna McGreane, Lillian M. Knaak, Margaret C. Padden, Nellie A. Hanke, Maud Gillies, Agnes E. Francis. The treasurer was authorized to make out a form with proper wording to send to members who are behind in remitting annual dues.

REGINE WHITE, Secretary.

ILLINOIS

Chicago.—THE PASSAVANT HOSPITAL TRAINING SCHOOL held graduating exercises on May 24 in the Trinity Lutheran Church. Addresses were made by Dr. Henry Warren Roth on "The Lady with a Lamp," and by Dr. Cary Culbertson on "The Work of the Nurse as Related to the Department of Health." The diplomas were presented by Rev. Herman L. Fritschel.

AUGUSTA JONES, class of 1901, Hahnemann Hospital, who has been visiting nurse in Burlington, Iowa, has recently been appointed a member of the local Red Cross committee. Bertha Purcell, class of 1902, has been transferred from Washington, D. C. to the Government Hospital at Philadelphia, in the Navy Nursing Service. Mrs. Mary Howard was delegate to the state meeting at Peoria in May.

NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its April meeting at the Settlement House in Omaha on April 18. The morning session was devoted to a business meeting. Lunch was delightfully served to the officers by Miss Schaeffer, who has charge of the Settlement in Omaha. The afternoon program at Settlement Hall was devoted entirely to the consideration of social welfare problems. Miss Schaeffer gave a very interesting talk on Settlement Work. Miss Dorsey of the Visiting Nurses' Association gave a most beneficial paper on Infant Mortality. Dr. Whitcomb of Omaha gave a lecture on Dental Hygiene which was most heartily appreciated by all present. A paper on the subject of Social Welfare as it pertains to the prevention of insanity and the care of insane was given by Miss Stuff, Superintendent of State Hospital Training School for Nurses of Lincoln. The evening session was largely attended and was devoted to a superintendents' meeting. Discussions on state registration and uniform curriculum were given, and plans were made for arrangements for lectures to be given on various social questions for the

benefit of all training schools in both Lincoln and Omaha. Nancy L. Dorsey, R.N., of the Visiting Nurses' Association and Lillian B. Stuff, R.N., of the State Association, will go as delegates to the National Tuberculosis Congress at Denver, June 20 and 21. Nancy L. Dorsey will represent the State Association at the National Association of Graduate Nurses in Boston. Ten new members were received.

One of the proposed constitutional amendments for the Nebraska State Association of Graduate Nurses is as follows: "The membership fee shall be five dollars yearly, payable in advance. The dues of five dollars shall include for each member a yearly subscription to the *AMERICAN JOURNAL OF NURSING*."

LILLIAN B. STUFF, R.N., Secretary.

Lincoln.—THE NEBRASKA STATE HOSPITAL TRAINING SCHOOL has arranged for lectures on Dental Hygiene by Dr. Vance. The same school is fortunate in having on its list, this spring, an illustrated lecture on Intestinal Parasites, by Prof. F. D. Barker of the State University of Nebraska.

Omaha.—THE NEBRASKA METHODIST EPISCOPAL HOSPITAL nurses, and their friends were greatly benefited by a Deaconess Institute held in the hospital from March 22 to 29. Mrs. Lucy Rider Meyer of the Chicago Training School for City, Home, and Foreign Missions delivered a course of lectures on the Deaconess, Nurse and Hospital Movement, through the ages. This was followed by a Bible reading by Olive Shoenberger, also from the Training School. A number of the pupils and graduate nurses of the school are planning to attend the short summer course in connection with the Training School in Chicago on Social Service, June 20 to 29.

TEXAS

El Paso.—THE GRADUATE NURSES' ASSOCIATION OF EL PASO held its fifth annual meeting on May 2. The following officers were elected: president, Grace Franklin, vice-president, Nellie Boyd, R.N.; secretary, Margaret Rolston, R.N.; treasurer, Elsie Stoltzfus.

THE EL PASO HERALD for May 10 states, in commenting on the disturbances of the Mexican insurrection: "Assisting the physicians and helping greatly in the work is Miss H. Grace Franklin, who is the only actual Red Cross nurse in El Paso."

WASHINGTON

Seattle.—THE KING COUNTY ASSOCIATION OF GRADUATE NURSES held its regular meeting in Assembly Hall, Henry Building, May 1, with thirty members present. The meeting was opened by an interesting lecture given by Mr. Charles H. Alden, chairman of the Municipal League of the city, on City Planning, illustrated by lantern slides, which was enjoyed by all, and at its conclusion a vote of thanks was given. Minutes of the April meeting were accepted. Margaret Darkin reported for the membership committee that thirteen new members had been accepted, three rejected, and five held over. A letter was read by Miss Loomis from the Progressive Thought Club, requesting donations of books on religious psychology. After a discussion, a committee of three was appointed to ascertain the cost of five books on the history of nursing, etc. The treasurer's report was read and placed on file. The nurses'

ball on April 25 was a success, socially and financially. A hearty vote of thanks was extended to Mrs. Hickey and Miss Remmick whose efforts had been untiring. Between \$250 and \$300 will be placed in the treasury as a sick benefit fund. A report of the Federation of Women's Clubs was given by Mrs. Hickey.

Tacoma.—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the regular monthly meeting in the Nurses' Home of the Fannie C. Paddock Hospital, on May 1, with thirteen members present. Minutes of previous meeting read and approved. Reports from the treasurer, trustees, and standing committee were read and acted upon. A good report from the Presidents' Council of Women's Organizations was given by Mrs. E. B. Cummings, special notice being taken of an excellent paper on "Patent Medicines" by Dr. James. Edith Weller and Mrs. E. B. Cummings are two of the delegates appointed to attend the State Convention to be held in Walla Walla in June. On making inquiry, it is found there is no state officer authorized to collect bills. Six new members were accepted. A communication was read from the Executive Board of Presidents' Council of Women's Organizations, urging this association to write a letter to Mayor Seymour, endorsing the work of Miss Esther Allstrum, as Pure Food Inspector. The secretary was instructed to write the letter.

It was regretted that more members were not present to hear the excellent talk on "Infant Feeding," by Dr. G. S. Hicks. He is a well known authority on the diseases and feeding of children. Adjourned to meet June 5, 1911.

UNCLASSIFIED

(No state or city given)

MERCY HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting at the hospital, April 27. The following officers were elected: president, Mary Kiley; vice-presidents, Jane Moran, Isabel Marsch; secretary, Grace Caulfield; treasurer, Theresa Vogel. Ten new members were admitted to the association. A euchre and dance were given on the evening of May 2 in the Ritten House, which was well attended and proved a great success, socially and financially.

CANADA

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES held its triennial meeting in the Public Library Building, Niagara Falls, Canada, on May 22. Addresses were delivered by Miss Goodrich and Miss Snively.

MARY AGNES SNIVELY calls from Montreal, in August, for a six months' trip abroad, visiting southern England and France.

BIRTHS

On April 25, to Mr. and Mrs. Fred R. Miller, a son. Mrs. Miller was Emma Plough, class of 1908, Hahnemann Hospital, Chicago.

On May 4, at South Bend, Ind., to Dr. and Mrs. Walter H. Baker, a son. Mrs. Baker was Ethel Carver, class of 1901, Indianapolis City Hospital.

On April 25, at Detroit, Mich., to Dr. and Mrs. Cunningham, a daughter. Mrs. Cunningham was Margaret Hollihan, class of 1903, St. Mary's Hospital.

MARRIAGES

BESS BIXBY, to Charles Burns. Mr. and Mrs. Burns will live in Lincoln, Nebraska, where Mrs. Burns will continue to perform her duties as treasurer of the state examining board. Before her marriage she was superintendent of nurses at the Orthopaedic Hospital.

On February 1, Lydia Jensen, class of 1906, Methodist Episcopal Hospital, Omaha, to George H. Haase. Mr. and Mrs. Haase will live in Emerson, Nebraska.

In March, at St. Paul, Sarah Swinerton, graduate of the F. C. Paddock Hospital Training School, to Mr. Badgerow. Mr. and Mrs. Badgerow are both from Tacoma, Wash.

On April 17, Amy E. Tatton, class of 1910, Port Huron Hospital, to George Coleman of Crowell, Mich.

AMY J. CONRAD, class of 1906, Delaware Hospital, to Asa J. Williams.

On April 29, at Ligonire, Ind., Nellie Kerr, class of 1906, Epworth Hospital, South Bend, to Arthur B. Sedgwick. Mr. and Mrs. Sedgwick will live in Cleveland, Ohio.

On April 12, at Wichita, Kansas, Bertha M. Eddy, class of 1903, Illinois Training School, to James B. Brown. Mr. and Mrs. Brown will live in Windom, Kansas.

DEATHS

On April 3, Elizabeth E. Lee, class of 1883, Woman's Hospital, Philadelphia.

In February, in New York City, Angela V. Campbell, a graduate of North Adams Hospital and a member of the alumnae association of the school. After her graduation, Miss Campbell was assistant superintendent of North Adams Hospital, then night superintendent in Dr. Bull's Hospital, New York, later superintendent of a hospital in Augusta, Georgia. The members of her alumnae association mourn her loss.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

PARLIAMENTARY USAGE FOR WOMEN'S CLUBS. A MANUAL OF PARLIAMENTARY LAW AND PRACTICE FOR THE USE OF SOCIETIES; LITERARY, SOCIAL, MUSICAL, PHILANTHROPIC AND FRATERNAL. By Mrs. Emma A. Fox. 18mo, 196 pages, gold stamping. Cloth, 60 cents; limp leather, \$1.00. Baker & Taylor Company, 33-37 East 17th Street, New York.

Most timely is Mrs. Fox's book on Parliamentary Usage, since the annual meetings are at hand. Books on this subject are not wanting but the trouble hitherto has been that they have been too obscure and have involved too much study. The ordinary feminine mind asks a book for quick reference on questions of parliamentary procedure. That is what one gets with Mrs. Fox's book, written by a woman and for women; a great deal of unnecessary matter has been eliminated, but it retains all that is required for the conduct of meetings in dignified and orderly manner, and in conformity with the strictest parliamentary law. A valuable feature of the manual is a diagram of motions for ready reference, putting at instant command nine general rulings in regard to each one of forty-eight motions. The book is endorsed by a large number of women's clubs and by private individuals throughout the country. Mrs. Fox has had peculiarly good opportunities for the acquisition of knowledge of parliamentary law as a member of the Detroit Board of Education, as lecturer at the Chautauqua assemblies, as president of the Michigan State Federation, and as parliamentarian of the Daughters of the American Revolution. The work is exceedingly simple and will be found to appeal to such as have found parliamentary law beyond their powers; her clear and concise method being such that the most unaccustomed student immediately grasps the situation and gets the clue to the whole mechanism of organized meetings. Apart from its contents, the book is one that women instinctively take to. So small that it is easily carried along with a purse and card-case in one's hand-bag and so elegant in binding, even the cheaper, as to appeal to all; not its beauty, however, but our duty Mrs. Fox urges upon us: "In these days of numerous organizations it should be considered as inexcusable to belong to any society holding regular meetings and remain ignorant of parliamentary

law, as to join in golf, tennis, or whist and not familiarize one's self with the rules of the game."

FOOD AND FEEDING IN HEALTH AND DISEASE. A MANUAL OF PRACTICAL DIETETICS. By Chalmers Watson, M.D., F.R.C.P.E., Assistant Physician, Royal Infirmary, Edinburgh; Editor of "The Encyclopædia Medica." Price, \$2.50. William Wood and Co., New York.

The aim of the book, says its author, is purely practical and at the same time it is to be a complete epitome of dietetics for the student. The teaching of dietetic principles has, he says, no recognized place in the curriculum of the medical schools (in Great Britain); the facilities for the medical student acquiring a knowledge of dietetics being wholly inadequate to the need. Reading the book one is beset by a suspicion that no mere man, certainly no Englishman, could have so completely uncovered the secrets of the kitchen as Dr. Watson has done; it is therefore most gratifying to one's sense of honesty and justice to find him acknowledging a large indebtedness to his wife for assistance in the practical part of the work.

The first nine chapters of the book are concerned with food, covering digestion, classification, constituents. Chapter ten takes up dangers carried by impure, diseased, and putrified foods, and the modifications caused by preservatives, etc. Following these we have dietetic schemes for all ages from infancy to old age.

At chapter sixteen begins the dietary for all the fevers and acute infectious diseases, which is again followed by dietary in disease of the special functions, also for tuberculosis, gout, rheumatism, obesity, nervous disorders. After these have all been dealt with, giving due regard to the diagnosis of the disease—its cause, the principles of dietetic treatment, and the practical points in dietetic management such matters as the diet during convalescence are discussed, with minute instructions for the preparation of varied and tempting dishes calculated to supply necessary nourishment, at the same time guarding against overtaxing functions weakened by disease or debility.

There is as much attention as warranted given to the so-called "diet cures," as vegetarianism, Salisbury diet, grape cure, milk and buttermilk cures; these are discussed and certain objections urged against them, but as a rule Dr. Watson is not arbitrary and if a man asserts that he can live on fruit alone, for instance, Dr. Watson rather congratulates him on having attained so far in the simple life and leaves him to his fate.

In an appendix are given results of experimental researches carried through ten years in the Physiological Laboratory of Edinburgh University.

PLASTER-OF-PARIS AND HOW TO USE IT.—By Martin W. Ware, M.D., Adjunct Attending Surgeon Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery, The New York Post-Graduate Medical School. Second Edition, revised and enlarged. Price, cloth, \$1.25; leather, \$2.50. Surgery Publishing Co., New York.

The exhaustion of the first edition and the persistent demand for this helpful book are the incentives which moved the author to give us the second edition; and he has taken the opportunity to rewrite the whole, enlarging and extending the subject matter and introducing new illustrations and marginal notes; the latter as in the original volume being done in red serve the double purpose of attracting attention to the subject and embellishing the book.

Under the heading *Plaster-of-Paris Bandages*, one is given the history, materials, manufacture of bandages, storage, bandages of commerce, Cabot's plaster bandages, the immediate preparation of bandages, application and removal of bandages. This chapter is followed by others on the application of plaster-of-Paris bandages to individual fractures, and in orthopaedic surgery, etc. The chapter on plaster in dentistry which was incorporated in the first edition of the book is omitted in this.

NURSES HANDBOOK OF DRUGS AND SOLUTIONS. By Julia C. Stimson, R.N., Vassar A.B., Superintendent of Nurses, Harlem Hospital of Bellevue and Allied Hospitals, New York City. Price, \$1.00. Whitcomb and Barrows, Boston.

If one keeps in mind that this book is no more than its title proclaims it and adds the further limitation of the word "some" before "drugs and solutions" she will not be disappointed in the character and contents. One cannot read the author's preface without a sense of uneasiness—the book is "to present as much *materia medica* in a simple and useful form as is essential for a nurse to know;" this is its first object; its second is "to omit as far as possible all that is not essential, albeit interesting and useful." Turning then to the book proper we find set forth a brief list of drugs, in what the writer terms, "Practical Classification," the list is more than brief, it is attenuated; and such notes as are given regarding the action and use of the drugs are expressed in verbs and substantives. There is no appeal to the intelligence of the student and the exercise of memory required is similar to that needed to recite the multiplication table backward. The book undoubtedly has a place, but it should be carefully used and under no consideration allowed to usurp the office of the *materia medica* proper.

OFFICIAL DIRECTORY.

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, ISABEL McISAAC, Benton Harbor, Mich.

Secretary, SARAH E. SLY, Birmingham, Mich.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

Secretary, MARY W. McKECHNIE, 423 West 118th Street, New York City.

Annual meeting to be held in Boston, 1911.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, JANE A. DELANO, R.N., Surgeon-General's Office, War Department, Washington, D. C.

Secretary, AGNES G. DEANS, City Hospital, Hamilton Boulevard, Detroit, Mich.

Inter-State Secretary, ISABEL McISAAC, Benton Harbor, Mich.

Treasurer, MRS. C. V. TWISS, R.N., 419 West 144th Street, New York City.

Annual meeting to be held in Boston, 1911.

ARMY NURSE CORPS, U. S. A.

JANE A. DELANO, R.N., Surgeon-General's Office, Washington, D. C.

NAVY NURSE CORPS, U. S. N.

ESTHER VOORHEES HASSON, R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

HOSPITAL ECONOMICS COURSE, TEACHERS COLLEGE, NEW YORK

Director, M. ADELAIDE NUTTING, R.N., 417 West 118th Street, New York City.

ISABEL HAMPTON ROBB MEMORIAL COMMITTEE.

Chairman, HELEN SCOTT HAY, 509 Honore Street, Chicago, Ill.

THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, E. M. SHUEY, 2324 Carleton Street, Berkeley, Cal.

Secretary, MRS. ELSIE COURRIER PHILLIPS, 14 Bacon Block, Oakland, Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, LETTIE G. WELCH, R.N., 1315 Glenarm Place, Denver, Col.

Secretary, LOUISE PERRIN, R.N., 4303 Clay Street, Denver, Col.

GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, MANTHA J. WILKINSON, 34 Charter Oak Avenue, Hartford, Conn.

Secretary, MRS. WINIFRED ANN HART, P. O. Box 162, Bridgeport, Conn.

DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, HELEN W. GARDNER, The Portner, Washington, D. C.
Secretary, NELLIE REED, R.N., The Portner, Washington, D. C.

GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.

President, MRS. EVA S. TUPMAN, R.N., 640 Piedmont Avenue, Atlanta, Ga.
Corresponding Secretary, ANNA BEUNDIGE, R.N., 734 Peachtree Street, Atlanta, Ga.
Treasurer, FRANCIS PATTON, R.N., 45 West Fifth Street, Atlanta, Ga.

THE IDAHO STATE NURSES' ASSOCIATION.

President, LILLIAN LONG, St. Luke's Hospital, Boise, Idaho.
Secretary, LULU HALL, Room 410, Overland Building, Boise, Idaho.

ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.

President, ADDA ELDREDGE, R.N., St. Luke's Hospital, Chicago, Ill.
Secretary, MRS. W. E. BACHE, R.N., 4703 Magnolia Avenue, Chicago, Ill.

INDIANA STATE NURSES' ASSOCIATION.

President, DR. M. W. McCONNELL, R.N., 328 East Washington Street, Sullivan, Ind.
Secretary, MAE D. CURRIE, 21 The Millikan, Indianapolis, Ind.
Chairman Credential Committee, FANNY E. GEMARD, R.N., 2108 North Senate Avenue, Indianapolis, Ind.

IOWA STATE ASSOCIATION OF REGISTERED NURSES.

President, ANNA C. GOODALE, Homeopathic Hospital, Iowa City, Iowa.
Corresponding Secretary, FLOY A. STRAYER, 1309 Grant Avenue, Waterloo, Iowa.
Chairman Credential Committee, JULIA SHERIDAN, 2905 Pierce Street, Sioux City, Iowa.

KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.

President, MARY R. SHAVER, Good Samaritan Hospital, Lexington, Ky.
Corresponding Secretary, AMELIA A. MILWARD, 234 Second Street, Lexington, Ky.

LOUISIANA STATE NURSES' ASSOCIATION.

President, KATHERINE DENT, New Orleans Sanitarium, 1403 Terpsichore Street, New Orleans, La.
Secretary, C. LEHMAN, Toussaint Infirmary, 4217 Prytanis Street, New Orleans, La.

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.
Secretary, ESTHER DART, Stillman Infirmary, Cambridge, Mass.

MARYLAND STATE ASSOCIATION OF GRADUATE NURSES.

President, MRS. REBA THELIN FOSTER, 1211 Cathedral Street, Baltimore, Md.
Secretary, CLARA E. QUERRY, R.N., 1211 Cathedral Street, Baltimore, Md.

MICHIGAN STATE NURSES' ASSOCIATION.

President, **MRS. RALPH APTED**, Grand Rapids, Mich.

Secretary, **MILlicENT B. NORTEWAY**, Mercy Hospital, Benton Harbor, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, **EDITH GATEMAN, R.N.**, 242 Lyndale Avenue, South, Minneapolis, Minn.

Secretary, **MRS. E. W. STUBB, R.N.**, 1810 Chicago Avenue, Minneapolis, Minn.

MISSOURI STATE NURSES' ASSOCIATION.

President, **MARGARET MCKINLEY, R.N.**, 5896 Delmar Boulevard, St. Louis, Mo.

Corresponding Secretary, **MRS. MABEL C. L. FREYTAG, R.N.**, Graham, Mo.

NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.

President, **MISS VICTORIA ANDERSON**, Methodist Episcopal Hospital, Omaha, Neb.

Secretary, **LILLIAN B. STUFF, R.N.**, 434 South 28th Street, Lincoln, Neb.

GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.

President, **CARRIE N. HALL, R.N.**, Margaret Pillsbury General Hospital, Concord, N. H.

Corresponding Secretary, **IDA F. SHEPARD, R.N.**, Mary Hitchcock Memorial Hospital, Hanover, N. H.

NEW JERSEY STATE NURSES' ASSOCIATION.

President, **BEATRICE M. BAMBER**, City Hospital, Perth Amboy, N. J.

Secretary, **MRS. D'ARCY STEPHEN**, 18 Prince Street, Orange, N. J.

NEW YORK STATE NURSES' ASSOCIATION.

President, **MRS. C. V. TWISS, R.N.**, 419 West 144th Street, New York, N. Y.

Secretary, **MRS. ERNEST G. H. SCHENK, R.N.**, 114 East 71st Street, New York, N. Y.

Treasurer, **LINA LIGHTBOURNE, R.N.**, Hospital of the Good Shepherd, Syracuse, N. Y.

NORTH CAROLINA STATE NURSES' ASSOCIATION.

President, **CONSTANCE E. PFORL, R.N.**, Winston-Salem, N. C.

Secretary, **LOIS ARCH TOOMER, R.N.**, 123 South Fourth Street, Wilmington, N. C.

OHIO NURSES' ASSOCIATION.

President, **FLORENCE BISHOP**, Miami Valley Hospital, Dayton, Ohio.

Secretary, **MATILDA L. JOHNSON**, 501 St. Clair Avenue, Cleveland, Ohio.

OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES.

President, **MISS HARTLEY**, Muskogee, Oklahoma.

Secretary, **MISS OLIVE SALMON**, 406 North Oklahoma Avenue, Oklahoma City, Oklahoma.

Treasurer, **MISS CANNON**, 442 North C Street, Muskogee, Oklahoma.

OREGON STATE NURSES' ASSOCIATION.

President, JENNIE V. DOTY, 675 Gilman Street, Portland, Ore.

Corresponding Secretary, GERTHUM M. WELSH, Good Samaritan Hospital, Portland, Oregon.

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, IDA F. GILKS, German Hospital, Philadelphia.

Secretary, ANNIE C. NEWELL, St. Timothy's Hospital, Roxborough, Philadelphia.

Treasurer, MRS. MARY T. WEIR KERR, Emlenton, Pennsylvania.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, MRS. HARRIET P. CHURCHILL, 352 Broad Street, Providence.

Corresponding Secretary, RHODA G. PACKARD, R. F. D. No. 2, Rehoboth, Mass.

SOUTH CAROLINA STATE NURSES' ASSOCIATION.

President, MRS. E. W. DOMES, Mayeville, S. C.

Secretary, LULA DAVIS, Sumter Hospital, Sumter, S. C.

THE TENNESSEE STATE NURSES' ASSOCIATION.

President, LENA A. WARNER, 119 North Belvidere Boulevard, Memphis, Tenn.

Secretary, M. G. NEESEY, 1610 McClavock Street, Nashville, Tenn.

GRADUATE NURSES' ASSOCIATION OF TEXAS.

President, RHETTA JOHNSTON, Houston, Texas.

Secretary and Treasurer, A. LOUISE DISTRICH, El Paso, Texas.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA.

President, AGNES D. RANDOLPH, Virginia Hospital, Richmond, Va.

Secretary, MRS. CHARLES EATON, 2710-A. East Broad Street, Richmond, Va.

Treasurer, JULIA MELLISHAMP, 39 West Redgate Avenue, Norfolk, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, M. C. BURNETT, 1823 Riverside Avenue, Spokane, Wash.

Secretary, ANNA MCCAFFERTY, R.N., Granby Court, Spokane, Wash.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, MRS. GEORGE LOUNSBURY, 1119 Lee Street, Charleston, W. Va.

Secretary, MRS. M. J. STEELE, 5 Hubbard Court, Charleston, W. Va.

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES.

President, HELEN W. KELLY, Milwaukee County Hospital, Wauwatosa, Wis.

Secretary, REGINE WHITE, Emergency Hospital, Milwaukee, Wis.

WYOMING STATE NURSES' ASSOCIATION.

President, MARTHA A. CONVERSE, Rock Springs, Wyo.

Secretary, MRS. AMY E. MILLER, 116 Coffey Avenue, Sheridan, Wyo.

NAMES OF OFFICERS OF EXAMINING BOARDS.

COLORADO.

President, LAURA A. BRIDGENT, R.N., Minnequa Hospital, Pueblo, Col.
Secretary, MARY B. BYRN, R.N., 1942 Pennsylvania Street, Denver, Col.

CONNECTICUT.

President, EMMA L. STONE, New Haven Hospital, New Haven, Conn.
Secretary, R. INDS ALBRAUGH, R.N., Pleasant Valley, Conn.

DISTRICT OF COLUMBIA.

President, LILY KANELEY, R.N., 1723 G Street, Washington, D. C.
Secretary, KATHERINE DOUGLASS, R.N., 320 East Capitol Street, Washington, D. C.

GEORGIA.

President, ELLA M. JOHNSTON, R.N., 309 West Thirty-fifth Street, Savannah, Ga.
Secretary and Treasurer, EMILY R. DUNDY, R.N., 623 Greene Street, Augusta, Ga.

ILLINOIS.

President, BENA M. HENDERSON, R.N., Children's Memorial Hospital, Chicago, Ill.
Secretary-Treasurer, MARY C. WHIMMER, R.N., 187 N. Dearborn Street, Chicago, Ill.

INDIANA.

President, L. M. COE, R.N., Elizabethtown, Ind.
Secretary, EDNA HUMPHREY, R.N., Crawfordsville, Ind.

IOWA.

President, GEORGE E. DECKER, M.D., Davenport, Iowa.
Secretary, GUILFORD H. SUMNER, M.D., Capitol Building, Des Moines, Iowa.

MARYLAND.

President, MARY C. PACKARD, 27 North Carey Street, Baltimore, Md.
Secretary, MRS. ELIZABETH G. P. HUNTZ, 1211 Cathedral Street, Baltimore, Md.

MASSACHUSETTS.

President, MARY M. RINGLE, Newton Hospital, Newton Lower Falls, Mass.
Secretary, EDWIN B. HARVEY, M.D., Boston, Mass.

MICHIGAN.

President, ELIZABETH G. FLAWS, Butterworth Hospital, Grand Rapids, Mich.
Secretary, F. W. SHUMWAY, M.D., Lansing, Mich.

MINNESOTA.

President, EDITH P. ROMMER, R.N., 1502 Third Avenue, South, Minneapolis, Minn.
Secretary, HELEN M. WARDWORTH, R.N., 1502 Third Avenue, South, Minneapolis, Minn.

MISSOURI.

President, MRS. MAHER LONG FREITAS, Graham, Mo.
Secretary-Treasurer, MRS. FANNIE E. S. SMITH, 7600 Wornall Road, Kansas City, Mo.

NEBRASKA.

President, NANCY L. DORSET, R.N., 2206 South 32d Street, Omaha.
Secretary, LILLIAN B. STUFF, R.N., 434 South 28th Street, Lincoln.

NEW HAMPSHIRE.

President, BLANCHE M. TRUMBULL, R.N., Cottage Hospital, Portsmouth, N. H.
Secretary, IDA A. NUTTER, R.N., Franklin Hospital, Franklin, N. H.

NEW YORK.

President, LINA LIGHTBOURNE, R.N., Hospital of the Good Shepherd, Syracuse, N. Y.
Secretary, JANE ELIZABETH HITCHCOCK, R.N., 265 Henry Street, New York, N. Y.

NORTH CAROLINA.

President, OLBYNE HOBBS, R.N., Greensboro, N. C.
Secretary-Treasurer, ANNE FERGUSON, R.N., Statesville, N. C.

OKLAHOMA.

President, MRS. MARJORIE MORRISON, Guthrie, Oklahoma.
Secretary, MRS. MARGARET H. WALTERS, Muskogee, Oklahoma.

PENNSYLVANIA.

President, WILLIAM S. HIGHER, M.D., 1708 South Broad Street, Phila.
Secretary-Treasurer, ALBERT E. BLACKBURN, M.D., 3618 Powelton Avenue, Philadelphia, Pa.

TEXAS.

President, MRS. FORREST M. BRATT, R.N., 1220 Hemphill Street, Fort Worth, Tex.
Secretary, CLARA L. SHACKFORD, John Sealy Hospital, Galveston, Tex.

VERMONT.

President, DONLY C. HAWLEY, M.D., Burlington, Vt.
Secretary, E. MYSTLE MILLER, St. Johnsbury, Vt.

VIRGINIA.

President, SARAH H. CARANISS, 201 East Cary Street, Richmond, Va.
Secretary and Treasurer, MARY MARSHALL FLETCHER, Charlottesville, Va.

WEST VIRGINIA.

President, DR. L. V. GUTHRIE, Huntington, W. Va.
Secretary, DR. GEORGE LOUNSBERRY, Charleston, W. Va.

WASHINGTON.

President, AUDREY F. WAYMIR, R.N., 704 California Avenue, Pullman, Wash.
Secretary-Treasurer, MRS. A. W. HAWLEY, R.N., 718 East Howell Street, Seattle, Wash.

WYOMING.

President, S. J. MCKENZIE, Cheyenne, Wyoming.
Secretary, AMY E. MILLER, Sheridan, Wyoming.

